

Power of Attorney (POA) Declaration

Log in to [e-Services for Business](#) and submit a POA electronically.

Instructions on page 1.

I. Employer/Taxpayer Information *(please type or print)*

California Employer Payroll Tax Account Number: <i>(if applicable)</i> 699-1053-7	Federal Employer Identification Number: 95-6002748		
Owner/Limited Liability Company/Limited Partnership/Corporation Name: BIG BEAR VLY PARK & REC DIST	Corporate/Limited Liability Company/Limited Partnership Identification Number:		
Business Name/Doing Business As (DBA):			
Business Mailing Address: 175 W 5TH ST, FIRST FLOOR	City: SAN BERNARDINO	State: CA	ZIP Code: 92415
Business Phone Number:	Business Fax Number:		
Business Location <i>(if different from above)</i> :	City:	State:	ZIP Code:

II. Representative Designation *(please type or print)*

I hereby appoint the following person to represent the employer/taxpayer for specified tax matters arising under the California Unemployment Insurance Code.

Representative's Business: EXPERIAN EMPLOYER SERVICES				CS #166	Broker # BR000000009
Representative's Name: ALICIA YOUNG	Phone Number: 8002076926	Fax Number: 6037191026			
Business Mailing Address: PO BOX 17618	City: MISSOULA	State: MT	ZIP Code: 59808		

III. Authorized Act(s)

All Authorization: To represent the employer/taxpayer and receive mailings for all state tax matters.

Specific Declaration: The representative will have limited authority to your state tax matters.

Indicate the specific dates and acts you are authorizing From 07/01/20226 To Indefinite

To represent the employer/taxpayer for any and all

Tax reporting. Benefit reporting. Both matters relating to the reporting period indicated above.

To represent the employer/taxpayer and receive mailings for any and all

Tax reporting. Benefit reporting. Both matters relating to the reporting period indicated above.

Other acts: *(describe specifically)* ALL OF UI TAX RATE NOTICES

IV. Signature Authorizing Power of Attorney

Signature of the employer/taxpayer, owner, officer, receiver, administrator, or trustee for the employer/taxpayer: If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the employer/taxpayer, you are certifying that you have the authority to execute this form on behalf of the employer/taxpayer by signing this Power of Attorney Declaration.

If this Power of Attorney Declaration is not signed and dated, it will be returned as invalid.

I certify under penalty of perjury that the above information is true, correct, and complete, and that these actions are not to be taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business.

DIRECTOR OF PUBLIC WORKS/ SPECIAL DISTRICTS

Signature

Title (Owner, Partner, Corp. Officer: Pres., Vice Pres., CEO or CFO)

NOEL CASTILLO

Print Name

Date

CHANGE OF EMPLOYER ACCOUNT INFORMATION

Mail to: Employment Development Department
Account Services Group, MIC 28
P.O. Box 826880
Sacramento, CA 94280-0001

EDD ACCOUNT NUMBER: <u>699-1053-7</u>
Corporation/
Owner's Name: <u>BIG BEAR VLY PARK & REC DIST</u>
Business
Name (DBA): _____
Banking Institution: _____

PLEASE INDICATE CHANGES/CORRECTIONS THAT APPLY TO YOUR BUSINESS (A-1 BELOW):

A. Address Change/Correction: **Date of Change:** / / (Enter address information in box 1)

1.	NUMBER AND STREET	CITY, STATE, AND ZIP CODE	PHONE NUMBER
			()

B. Business Name (DBA) Change: _____ **Date of Change:** / /

C. Corporation Name Change: _____ **Date of Change:** / /

D. Personal Name Change (i.e., marriage): _____ **Date of Change:** / /

E. Change of Ownership - Date of Change: / / (Mark appropriate box below, and complete box 2 if required):

- Partial Sale, Not Out-Of-Business Entire Business Sold (Enter successor[s] information in box 2)
- Corporation Dissolved Other (Explain): _____
- Corporation Formed Change in Ownership Type (Add information in box 2 and explain Type)
- Purchase Price \$ _____

2.	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	TITLE	BUSINESS NAME (DBA)/ CORPORATION NAME	MAILING ADDRESS
New FEIN (Tax ID#): _____ OLD FEIN (Tax ID#): _____			SOS Corporation, LLC, LLP, or LP	
Explain reason for new Tax ID: _____			Identification #: _____	

F. Change in Partner(s), Officer(s), Member(s), Manager(s), etc. (Mark appropriate box to Add [A], Change [C], or Delete [D], and enter the new information as required.) Attach additional sheet(s) if needed.

3.	A	C	D	DATE OF CHANGE	INDIVIDUAL(S) TO BE ADDED/ CHANGED/DELETED	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>07/01/2026</u>	NOEL CASTILLO	DIRECTOR		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u>				

G. No wages paid during entire quarter(s). Please enter the appropriate year and quarter in the boxes provided. (Example: YYYY/Q) _____

H. Discontinued Paying Wages. Date last wage payment was made: / / . All required EDD TAX FORMS have been filed. (Attach Copies)

I. If you currently use a Professional Employer Organization (PEO), please provide PEO information:
PEO Name: _____
PEO Address: _____
PEO EDD Account Number: _____ PEO Start Date: _____

J. Out of Business (Without a Successor) on: ___/___/_____. (Provide forwarding address in box A-1)

Note: If business corporation/owner is represented by an authorized agent for employment tax purposes, the agent may sign below. A signed and properly executed power of attorney must be attached or on file. THE SIGNATURE OF ANY OTHER PERSON/THIRD PARTY WILL NOT BE ACCEPTED.

"I certify under penalty of perjury that the above information is true and correct, and that these actions are not being taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business."

_____	(909)387-7906	___/___/___
Signature	Phone Number	Date
NOEL CASTILLO	DIRECTOR OF PUBLIC WORKS/ SPECIAL DISTRICTS	
_____	Title (Officer, Owner, Member, GP, or Authorized Agent)	
Print Name		

Manage your payroll tax account online!
File reports, make deposits, update addresses, and much more.
Enroll now for e-Services for Business at <https://eddservices.edd.ca.gov>.

e-Services for Business. Online. Anytime.

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I. Employer/Taxpayer Information *(please type or print)*

California Employer Payroll Tax Account Number: <i>(if applicable)</i> 699-0917-4	Federal Employer Identification Number: 95-6002748		
Owner/Limited Liability Company/Limited Partnership/Corporation Name: COUNTY SERVICE AREA NO 29	Corporate/Limited Liability Company/Limited Partnership Identification Number:		
Business Name/Doing Business As (DBA):			
Business Mailing Address: 175 W 5TH ST, FIRST FLOOR	City: SAN BERNARDINO	State: CA	ZIP Code: 92415
Business Phone Number:	Business Fax Number:		
Business Location <i>(if different from above)</i> :	City:	State:	ZIP Code:

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Representative's Business: EXPERIAN EMPLOYER SERVICES			
		CS #166	Broker # BR000000009
Representative's Name: ALICIA YOUNG	Phone Number: 8002076926	Fax Number: 6037191026	
Business Mailing Address: PO BOX 17618	City: MISSOULA	State: MT	ZIP Code: 59808

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Tax reporting. Benefit reporting. Both matters relating to the reporting period indicated above.

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Tax reporting. Benefit reporting. Both matters relating to the reporting period indicated above.

Other acts: *(describe specifically)* ALL OF UI TAX RATE NOTICES

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_____ Signature	_____ Title (Owner, Partner, Corp. Officer: Pres., Vice Pres., CEO or CFO)
_____ Print Name	_____ Date

CHANGE OF EMPLOYER ACCOUNT INFORMATION

Mail to: Employment Development Department
Account Services Group, MIC 28
P.O. Box 826880
Sacramento, CA 94280-0001

EDD ACCOUNT NUMBER: <u>699-0917-4</u>
Corporation/ Owner's Name: <u>COUNTY SERVICE AREA NO 29</u>
Business Name (DBA): _____
Banking Institution: _____

PLEASE INDICATE CHANGES/CORRECTIONS THAT APPLY TO YOUR BUSINESS (A-1 BELOW):

A. Address Change/Correction: **Date of Change:** ___/___/___ (Enter address information in box 1)

1.	NUMBER AND STREET	CITY, STATE, AND ZIP CODE	PHONE NUMBER
			()

B. Business Name (DBA) Change: _____ **Date of Change:** ___/___/___

C. Corporation Name Change: _____ **Date of Change:** ___/___/___

D. Personal Name Change (i.e., marriage): _____ **Date of Change:** ___/___/___

E. Change of Ownership - Date of Change: ___/___/___ (Mark appropriate box below, and complete box 2 if required):

- Partial Sale, Not Out-Of-Business
- Corporation Dissolved
- Corporation Formed
- Purchase Price \$ _____
- Entire Business Sold (Enter successor[s] information in box 2)
- Other (Explain): _____
- Change in Ownership Type (Add information in box 2 and explain Type)

2.	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	TITLE	BUSINESS NAME (DBA)/ CORPORATION NAME	MAILING ADDRESS

New FEIN (Tax ID#): _____ **OLD FEIN (Tax ID#):** _____

Explain reason for new Tax ID: _____

SOS Corporation, LLC, LLP, or LP Identification #: _____

F. Change in Partner(s), Officer(s), Member(s), Manager(s), etc. (Mark appropriate box to Add [A], Change [C], or Delete [D], and enter the new information as required.) Attach additional sheet(s) if needed.

3.	A	C	D	DATE OF CHANGE	INDIVIDUAL(S) TO BE ADDED/ CHANGED/DELETED	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7 / 1 / 2026</u>	NOEL CASTILLO	DIRECTOR		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				

G. No wages paid during entire quarter(s). Please enter the appropriate year and quarter in the boxes provided. (Example: YYYY/Q) _____

H. Discontinued Paying Wages. Date last wage payment was made: ___/___/____. All required EDD TAX FORMS have been filed. (Attach Copies)

I. If you currently use a Professional Employer Organization (PEO), please provide PEO information:
 PEO Name: _____
 PEO Address: _____
 PEO EDD Account Number: _____ PEO Start Date: _____

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_____	_____	_____/_____/_____
Signature	(909) 387-7906 Phone Number	Date
NOEL CASTILLO	DIRECTOR OF PUBLIC WORKS/ SPECIAL DISTRICTS	
Print Name	Title (Officer, Owner, Member, GP, or Authorized Agent)	

Manage your payroll tax account online!
File reports, make deposits, update addresses, and much more.
Enroll now for e-Services for Business at <https://eddservices.edd.ca.gov>.

e-Services for Business. Online. Anytime.

Power of Attorney (POA) Declaration

Log in to [e-Services for Business](#) and submit a POA electronically.

Instructions on page 1.

I. Employer/Taxpayer Information *(please type or print)*

California Employer Payroll Tax Account Number: <i>(if applicable)</i> 699-0918-2	Federal Employer Identification Number: 95-6002748		
Owner/Limited Liability Company/Limited Partnership/Corporation Name: COUNTY SERVICE AREA NO 40	Corporate/Limited Liability Company/Limited Partnership Identification Number:		
Business Name/Doing Business As (DBA):			
Business Mailing Address: 175 W 5TH ST, FIRST FLOOR	City: SAN BERNARDINO	State: CA	ZIP Code: 92415
Business Phone Number:	Business Fax Number:		
Business Location <i>(if different from above)</i> :	City:	State:	ZIP Code:

II. Representative Designation *(please type or print)*

I hereby appoint the following person to represent the employer/taxpayer for specified tax matters arising under the California Unemployment Insurance Code.

Representative's Business: EXPERIAN EMPLOYER SERVICES				CS #166	Broker # BR000000009
Representative's Name: ALICIA YOUNG	Phone Number: 8002076926	Fax Number: 6037191026			
Business Mailing Address: PO BOX 17618	City: MISSOULA	State: MT	ZIP Code: 59808		

III. Authorized Act(s)

All Authorization: To represent the employer/taxpayer and receive mailings for all state tax matters.

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Other acts: *(describe specifically)* ALL OF UI TAX RATE NOTICES

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_____ Print Name	_____ Date

CHANGE OF EMPLOYER ACCOUNT INFORMATION

Mail to: Employment Development Department
Account Services Group, MIC 28
P.O. Box 826880
Sacramento, CA 94280-0001

EDD ACCOUNT NUMBER: <u>699-0918-2</u>
Corporation/
Owner's Name: <u>COUNTY SERVICE AREA NO 40</u>
Business
Name (DBA): _____
Banking Institution: _____

PLEASE INDICATE CHANGES/CORRECTIONS THAT APPLY TO YOUR BUSINESS (A-1 BELOW):

A. Address Change/Correction: **Date of Change:** / / (Enter address information in box 1)

1.	NUMBER AND STREET	CITY, STATE, AND ZIP CODE	PHONE NUMBER
			()

B. Business Name (DBA) Change: _____ **Date of Change:** / /

C. Corporation Name Change: _____ **Date of Change:** / /

D. Personal Name Change (i.e., marriage): _____ **Date of Change:** / /

E. Change of Ownership - Date of Change: / / (Mark appropriate box below, and complete box 2 if required):

- Partial Sale, Not Out-Of-Business
- Corporation Dissolved
- Corporation Formed
- Purchase Price \$ _____
- Entire Business Sold (Enter successor[s] information in box 2)
- Other (Explain): _____
- Change in Ownership Type (Add information in box 2 and explain Type)

2.	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	TITLE	BUSINESS NAME (DBA)/ CORPORATION NAME	MAILING ADDRESS
New FEIN (Tax ID#): _____ OLD FEIN (Tax ID#): _____			SOS Corporation, LLC, LLP, or LP Identification #: _____	
Explain reason for new Tax ID: _____				

F. Change in Partner(s), Officer(s), Member(s), Manager(s), etc. (Mark appropriate box to Add [A], Change [C], or Delete [D], and enter the new information as required.) Attach additional sheet(s) if needed.

3.	A	C	D	DATE OF CHANGE	INDIVIDUAL(S) TO BE ADDED/ CHANGED/DELETED	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7 / 1 / 2026</u>	NOEL CASTILLO	DIRECTOR		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u>				

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_____	_____ (909)387-7906 _____	____/____/____
Signature	Phone Number	Date
NOEL CASTILLO	DIRECTOR OF PUBLIC WORKS/ SPECIAL DISTRICTS	
Print Name	Title (Officer, Owner, Member, GP, or Authorized Agent)	

Manage your payroll tax account online!
File reports, make deposits, update addresses, and much more.
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e-Services for Business. Online. Anytime.

Power of Attorney (POA) Declaration

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Instructions on page 1.

I. Employer/Taxpayer Information (please type or print)

California Employer Payroll Tax Account Number: (if applicable) 699-0920-8	Federal Employer Identification Number: 95-6002748		
Owner/Limited Liability Company/Limited Partnership/Corporation Name: COUNTY SERVICE AREA NO 56	Corporate/Limited Liability Company/Limited Partnership Identification Number:		
Business Name/Doing Business As (DBA):			
Business Mailing Address: 175 W 5TH ST, FIRST FLOOR	City: SAN BERNARDINO	State: CA	ZIP Code: 92415
Business Phone Number:	Business Fax Number:		
Business Location (if different from above):	City:	State:	ZIP Code:

II. Representative Designation (please type or print)

I hereby appoint the following person to represent the employer/taxpayer for specified tax matters arising under the California Unemployment Insurance Code.

Representative's Business: EXPERIAN EMPLOYER SERVICES				CS #166	Broker # BR000000009
Representative's Name: ALICIA YOUNG	Phone Number: 8002076926		Fax Number: 6037191026		
Business Mailing Address: PO BOX 17618	City: MISSOULA	State: MT	ZIP Code: 59808		

III. Authorized Act(s)

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_____ Signature	_____ Title (Owner, Partner, Corp. Officer: Pres., Vice Pres., CEO or CFO)
_____ Print Name	_____ Date

CHANGE OF EMPLOYER ACCOUNT INFORMATION

Mail to: Employment Development Department
Account Services Group, MIC 28
P.O. Box 826880
Sacramento, CA 94280-0001

EDD ACCOUNT NUMBER: <u>699-0920-8</u>
Corporation/
Owner's Name: <u>COUNTY SERVICE AREA NO 56</u>
Business Name (DBA): _____
Banking Institution: _____

PLEASE INDICATE CHANGES/CORRECTIONS THAT APPLY TO YOUR BUSINESS (A-1 BELOW):

A. Address Change/Correction: Date of Change: / / (Enter address information in box 1)

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B. Business Name (DBA) Change: _____ **Date of Change:** / /

C. Corporation Name Change: _____ **Date of Change:** / /

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- Corporation Formed
- Purchase Price \$ _____
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_____	_____	_____/_____/_____
Signature	(909) 387-7906	Date
NOEL CASTILLO	Phone Number	
Print Name	DIRECTOR OF PUBLIC WORKS/ SPECIAL DISTRICTS	
	Title (Officer, Owner, Member, GP, or Authorized Agent)	

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I certify under penalty of perjury that the above information is true, correct, and complete, and that these actions are not to be taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business.

	DIRECTOR OF PUBLIC WORKS/ SPECIAL DISTRICTS
Signature	Title (Owner, Partner, Corp. Officer: Pres., Vice Pres., CEO or CFO)
NOEL CASTILLO	
Print Name	Date

CHANGE OF EMPLOYER ACCOUNT INFORMATION

Mail to: Employment Development Department
Account Services Group, MIC 28
P.O. Box 826880
Sacramento, CA 94280-0001

EDD ACCOUNT NUMBER: <u>699-0979-4</u>
Corporation/
Owner's Name: <u>COUNTY SERVICE AREA NO 63</u>
Business
Name (DBA): _____
Banking Institution: _____

PLEASE INDICATE CHANGES/CORRECTIONS THAT APPLY TO YOUR BUSINESS (A-1 BELOW):

A. Address Change/Correction: **Date of Change:** / / (Enter address information in box 1)

1.	NUMBER AND STREET	CITY, STATE, AND ZIP CODE	PHONE NUMBER
			()

B. Business Name (DBA) Change: _____ **Date of Change:** / /

C. Corporation Name Change: _____ **Date of Change:** / /

D. Personal Name Change (i.e., marriage): _____ **Date of Change:** / /

E. Change of Ownership - Date of Change: / / (Mark appropriate box below, and complete box 2 if required):

- Partial Sale, Not Out-Of-Business
- Corporation Dissolved
- Corporation Formed
- Purchase Price \$ _____
- Entire Business Sold (Enter successor[s] information in box 2)
- Other (Explain): _____
- Change in Ownership Type (Add information in box 2 and explain Type)

2.	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	TITLE	BUSINESS NAME (DBA)/ CORPORATION NAME	MAILING ADDRESS
New FEIN (Tax ID#): _____ OLD FEIN (Tax ID#): _____			SOS Corporation, LLC, LLP, or LP Identification #: _____	
Explain reason for new Tax ID: _____				

F. Change in Partner(s), Officer(s), Member(s), Manager(s), etc. (Mark appropriate box to Add [A], Change [C], or Delete [D], and enter the new information as required.) Attach additional sheet(s) if needed.

3.	A	C	D	DATE OF CHANGE	INDIVIDUAL(S) TO BE ADDED/ CHANGED/DELETED	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7 / 1 / 2026</u>	NOEL CASTILLO	DIRECTOR		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u>				

G. No wages paid during entire quarter(s). Please enter the appropriate year and quarter in the boxes provided. (Example: YYYY/Q) _____

H. Discontinued Paying Wages. Date last wage payment was made: / / . **All required EDD TAX FORMS have been filed. (Attach Copies)**

I. If you currently use a Professional Employer Organization (PEO), please provide PEO information:
 PEO Name: _____
 PEO Address: _____
 PEO EDD Account Number: _____ PEO Start Date: _____

J. Out of Business (Without a Successor) on: ___/___/_____. (Provide forwarding address in box A-1)

Note: If business corporation/owner is represented by an authorized agent for employment tax purposes, the agent may sign below. A signed and properly executed power of attorney must be attached or on file. THE SIGNATURE OF ANY OTHER PERSON/THIRD PARTY WILL NOT BE ACCEPTED.

"I certify under penalty of perjury that the above information is true and correct, and that these actions are not being taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business."

_____	(909)387-7906	___/___/___
Signature	Phone Number	Date
NOEL CASTILLO	DIRECTOR OF PUBLIC WORKS/ SPECIAL DISTRICTS	
Print Name	Title (Officer, Owner, Member, GP, or Authorized Agent)	

Manage your payroll tax account online!
File reports, make deposits, update addresses, and much more.
Enroll now for e-Services for Business at <https://eddservices.edd.ca.gov>.

e-Services for Business. Online. Anytime.

Power of Attorney (POA) Declaration

Log in to [e-Services for Business](#) and submit a POA electronically.

Instructions on page 1.

I. Employer/Taxpayer Information *(please type or print)*

California Employer Payroll Tax Account Number: <i>(if applicable)</i> 699-0898-6	Federal Employer Identification Number: 95-6002748		
Owner/Limited Liability Company/Limited Partnership/Corporation Name: COUNTY SERVICE AREA NO 70	Corporate/Limited Liability Company/Limited Partnership Identification Number:		
Business Name/Doing Business As (DBA):			
Business Mailing Address: 175 W 5TH ST, FIRST FLOOR	City: SAN BERNARDINO	State: CA	ZIP Code: 92415
Business Phone Number:	Business Fax Number:		
Business Location <i>(if different from above)</i> :	City:	State:	ZIP Code:

II. Representative Designation *(please type or print)*

I hereby appoint the following person to represent the employer/taxpayer for specified tax matters arising under the California Unemployment Insurance Code.

Representative's Business: EXPERIAN EMPLOYER SERVICES				CS #166	Broker # BR000000009
Representative's Name: ALICIA YOUNG	Phone Number: 8002076926	Fax Number: 6037191026			
Business Mailing Address: PO BOX 17618	City: MISSOULA	State: MT	ZIP Code: 59808		

III. Authorized Act(s)

All Authorization: To represent the employer/taxpayer and receive mailings for all state tax matters.

Specific Declaration: The representative will have limited authority to your state tax matters.

Indicate the specific dates and acts you are authorizing From 07/01/2026 To INDEFINITE

To represent the employer/taxpayer for any and all

Tax reporting. Benefit reporting. Both matters relating to the reporting period indicated above.

To represent the employer/taxpayer and receive mailings for any and all

Tax reporting. Benefit reporting. Both matters relating to the reporting period indicated above.

Other acts: *(describe specifically)* ALL OF UI TAX RATE NOTICES

IV. Signature Authorizing Power of Attorney

Signature of the employer/taxpayer, owner, officer, receiver, administrator, or trustee for the employer/taxpayer: If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the employer/taxpayer, you are certifying that you have the authority to execute this form on behalf of the employer/taxpayer by signing this Power of Attorney Declaration.

If this Power of Attorney Declaration is not signed and dated, it will be returned as invalid.

I certify under penalty of perjury that the above information is true, correct, and complete, and that these actions are not to be taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business.

_____ Signature	_____ Title (Owner, Partner, Corp. Officer: Pres., Vice Pres., CEO or CFO)
_____ Print Name	_____ Date

CHANGE OF EMPLOYER ACCOUNT INFORMATION

Mail to: Employment Development Department
Account Services Group, MIC 28
P.O. Box 826880
Sacramento, CA 94280-0001

EDD ACCOUNT NUMBER: <u>699-0898-6</u>
Corporation/
Owner's Name: <u>COUNTY SERVICE AREA NO 70</u>
Business
Name (DBA): _____
Banking Institution: _____

PLEASE INDICATE CHANGES/CORRECTIONS THAT APPLY TO YOUR BUSINESS (A-1 BELOW):

A. Address Change/Correction: **Date of Change:** / / (Enter address information in box 1)

1.	NUMBER AND STREET	CITY, STATE, AND ZIP CODE	PHONE NUMBER
			()

B. Business Name (DBA) Change: _____ **Date of Change:** / /

C. Corporation Name Change: _____ **Date of Change:** / /

D. Personal Name Change (i.e., marriage): _____ **Date of Change:** / /

E. Change of Ownership - Date of Change: / / (Mark appropriate box below, and complete box 2 if required):

- | | |
|--|---|
| <input type="checkbox"/> Partial Sale, Not Out-Of-Business | <input type="checkbox"/> Entire Business Sold (Enter successor[s] information in box 2) |
| <input type="checkbox"/> Corporation Dissolved | <input type="checkbox"/> Other (Explain): _____ |
| <input type="checkbox"/> Corporation Formed | <input type="checkbox"/> Change in Ownership Type (Add information in box 2 and explain Type) |
| <input type="checkbox"/> Purchase Price \$ _____ | |

2.	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	TITLE	BUSINESS NAME (DBA)/ CORPORATION NAME	MAILING ADDRESS
New FEIN (Tax ID#): _____ OLD FEIN (Tax ID#): _____			SOS Corporation, LLC, LLP, or LP	
Explain reason for new Tax ID: _____			Identification #: _____	

F. Change in Partner(s), Officer(s), Member(s), Manager(s), etc. (Mark appropriate box to Add [A], Change [C], or Delete [D], and enter the new information as required.) Attach additional sheet(s) if needed.

3.	A	C	D	DATE OF CHANGE	INDIVIDUAL(S) TO BE ADDED/ CHANGED/DELETED	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7/1/2026</u>	NOEL CASTILLO	DIRECTOR		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u>				

G. No wages paid during entire quarter(s). Please enter the appropriate year and quarter in the boxes provided. (Example: YYYY/Q) _____

H. Discontinued Paying Wages. Date last wage payment was made: / / . **All required EDD TAX FORMS have been filed. (Attach Copies)**

I. If you currently use a Professional Employer Organization (PEO), please provide PEO information:

PEO Name: _____

PEO Address: _____

PEO EDD Account Number: _____ PEO Start Date: _____

J. Out of Business (Without a Successor) on: ___/___/_____. (Provide forwarding address in box A-1)

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"I certify under penalty of perjury that the above information is true and correct, and that these actions are not being taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business."

	(909)387-7906	___/___/___
Signature	Phone Number	Date
NOEL CASTILLO	DIRECTOR OF PUBLIC WORKS/ SPECIAL DISTRICTS	
Print Name	Title (Officer, Owner, Member, GP, or Authorized Agent)	

S

Manage your payroll tax account online!
File reports, make deposits, update addresses, and much more.
Enroll now for e-Services for Business at <https://eddservices.edd.ca.gov>.

e-Services for Business. Online. Anytime.

Power of Attorney (POA) Declaration

Log in to [e-Services for Business](#) and submit a POA electronically.

Instructions on page 1.

I. Employer/Taxpayer Information *(please type or print)*

California Employer Payroll Tax Account Number: <i>(if applicable)</i> 699-0903-4	Federal Employer Identification Number: 95-6002748		
Owner/Limited Liability Company/Limited Partnership/Corporation Name: JOSHUA TREE PARK & REC DISTRICT	Corporate/Limited Liability Company/Limited Partnership Identification Number:		
Business Name/Doing Business As (DBA):			
Business Mailing Address: 175 W 5TH ST, FIRST FLOOR	City: SAN BERNARDINO	State: CA	ZIP Code: 92415
Business Phone Number:	Business Fax Number:		
Business Location <i>(if different from above)</i> :	City:	State:	ZIP Code:

II. Representative Designation *(please type or print)*

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Representative's Business: EXPERIAN EMPLOYER SERVICES			
		CS #166	Broker # BR000000009
Representative's Name: ALICIA YOUNG	Phone Number: 8002076926	Fax Number: 6037191026	
Business Mailing Address: PO BOX 17618	City: MISSOULA	State: MT	ZIP Code: 59808

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Specific Declaration: The representative will have limited authority to your state tax matters.

Indicate the specific dates and acts you are authorizing From 07/01/2026 To INDEFINITE

To represent the employer/taxpayer for any and all

Tax reporting. Benefit reporting. Both matters relating to the reporting period indicated above.

To represent the employer/taxpayer and receive mailings for any and all

Tax reporting. Benefit reporting. Both matters relating to the reporting period indicated above.

Other acts: *(describe specifically)* ALL OF UI TAX RATE NOTICES

IV. Signature Authorizing Power of Attorney

Signature of the employer/taxpayer, owner, officer, receiver, administrator, or trustee for the employer/taxpayer: If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the employer/taxpayer, you are certifying that you have the authority to execute this form on behalf of the employer/taxpayer by signing this Power of Attorney Declaration.

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_____ Signature	_____ Title (Owner, Partner, Corp. Officer: Pres., Vice Pres., CEO or CFO)
_____ Print Name	_____ Date

CHANGE OF EMPLOYER ACCOUNT INFORMATION

Mail to: Employment Development Department
Account Services Group, MIC 28
P.O. Box 826880
Sacramento, CA 94280-0001

EDD ACCOUNT NUMBER: 699-0903-4
Corporation/
Owner's Name: JOSHUA TREE PARK & REC DISTRICT
Business
Name (DBA): _____
Banking Institution: _____

PLEASE INDICATE CHANGES/CORRECTIONS THAT APPLY TO YOUR BUSINESS (A-1 BELOW):

A. Address Change/Correction: **Date of Change:** ___/___/___ (Enter address information in box 1)

1.	NUMBER AND STREET	CITY, STATE, AND ZIP CODE	PHONE NUMBER
			()

B. Business Name (DBA) Change: _____ **Date of Change:** ___/___/___

C. Corporation Name Change: _____ **Date of Change:** ___/___/___

D. Personal Name Change (i.e., marriage): _____ **Date of Change:** ___/___/___

E. Change of Ownership - Date of Change: ___/___/___ (Mark appropriate box below, and complete box 2 if required):

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- Corporation Dissolved
- Corporation Formed
- Purchase Price \$ _____
- Entire Business Sold (Enter successor[s] information in box 2)
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2.	OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	TITLE	BUSINESS NAME (DBA)/ CORPORATION NAME	MAILING ADDRESS
New FEIN (Tax ID#): _____ OLD FEIN (Tax ID#): _____			SOS Corporation, LLC, LLP, or LP Identification #: _____	
Explain reason for new Tax ID: _____				

F. Change in Partner(s), Officer(s), Member(s), Manager(s), etc. (Mark appropriate box to Add [A], Change [C], or Delete [D], and enter the new information as required.) Attach additional sheet(s) if needed.

3.	A	C	D	DATE OF CHANGE	INDIVIDUAL(S) TO BE ADDED/ CHANGED/DELETED	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7/1/2026	NOEL CASTILLO	DIRECTOR		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___				

G. No wages paid during entire quarter(s). Please enter the appropriate year and quarter in the boxes provided. (Example: YYYY/Q) _____

H. Discontinued Paying Wages. Date last wage payment was made: ___/___/____. All required EDD TAX FORMS have been filed. (Attach Copies)

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 PEO Name: _____
 PEO Address: _____
 PEO EDD Account Number: _____ PEO Start Date: _____

J. Out of Business (Without a Successor) on: ___/___/_____. (Provide forwarding address in box A-1)

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"I certify under penalty of perjury that the above information is true and correct, and that these actions are not being taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business."

_____	_____	_____/_____/_____
Signature	(909) 387-7906	Date
_____	_____	_____
NOEL CASTILLO	Phone Number	Title
Print Name	DIRECTOR OF PUBLIC WORKS/ SPECIAL DISTRICTS (Officer, Owner, Member, GP, or Authorized Agent)	

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e-Services for Business. Online. Anytime.