AUTHORIZATION FOR RELEASE OF INFORMATION

То:	
	_
	_
Re:	
accounting and tax returns and have author information, data or copies pertinent to the crequested information directly to their office	completion of this work. I authorize you to release at:
Next Generation Tax & Account 1455 11th Street Gering, NE 69341 Telephone: (308) 436-3335 Fax: (308) 436-0567	anung
The information obtained is only to be used	to process my accounting and tax return work.
This authorization is valid for a 12 month pe	riod from the date signed.
Please contact me if you have any question cooperation and promptness in this matter.	s or need additional information. Thank you for you
A copy of this authorization may be acce	pted as an original.
Signature	Date