Department of the Treasury Internal Revenue Service

Taxpayer name(s) and address

SAN ANGELO CHRISTIAN ACADEMY

## Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

| OMB No. | 1545-015 | í |
|---------|----------|---|
| <br>    |          | _ |

Function

20-0216446

Employer identification number

Plan number (if applicable)

| For IRS Use Only |
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|------------------|

Received by: Name Telephone Part Power of Attorney
Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

Social security number(s)

Daytime telephone number

| 518 COUNTRY CLUB ROAD<br>SAN ANGELO, TX 76904-9507   |  | Daytime telephone number (325) 651-8363  |  |  |  |
|--|--|--|--|--|--|
| hereby appoint(s) the following representative(s) as   | attorney(s)-in-fact:   | PHU  | O RATE   |  |  |
| 2 Representative(s) must sign and date this form   | m on page 2. Part II.  |  |  |  |  |
| Name and address   |  |  | 7800-56894R  |  |  |
| Mason L. Backus, CPA   |  | Telephone No.  | (325) 653-685  | (325) 653-6854                                     |  |
| P.O. Box 71  |  | Fax No(32  | 5) 655-5857  |  |  |
| San Angelo, TX 76902-0071  |  | Check if new: Address  | Telephone No.  | Fax No.  |  |
| Name and address   |  |  | 0305-22604R  |  |  |
| Travis L. Garmon, CPA  |  |  | (325) 653-685  | 54   |  |
| P.O. Box 71  |  |  | 5) <u>655-5857</u>   |  |  |
| San Angelo, TX 76902-0071  |  | Check if new: Address  | Telephone No. Fax No.  |  |  |
| Name and address   |  | CAF No.  |  |  |  |
|  |  | Telephone No.  |  |  |  |
|  |  | Fax No   |  | , - <u>-</u> -, <del>-</del> -                     |  |
|  |  |  | Telephone No.  | Fax No.  |  |
| to represent the taxpayer(s) before the Internal Rev   | venue Service for the follo  | wing tax matters:  |  |  |  |
|  |  |  |  |  |  |
| 3 Tax matters  |  |  | Veer(e) or   | Pariod(s)  |  |
| Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (see the instructions for line 3)   |  | orm Number<br>941, 720, etc)   | Year(s) or Period(s) (see the instructions for line 3)             |  |  |
| EXEMPT   | 990  |  | FYE 06/30/2  | 011  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 4 Specific use not recorded on Centralized Au<br>on CAF, check this box. See the instructions  | thorization File (CAF). If t<br>for Line 4. Specific Uses  | he power of attorney is for a sp<br>Not Recorded on CAF  | pecific use not record   | led<br>▶ ☐   |  |
| 5 Acts authorized. The representatives are authorized in that I (we) can perform with respect to the taxor other documents. The authority does not in representative or add additional representative returns or return information to a third party.                        | x matters described on info<br>nclude the power to receives, the power to sign cert<br>See the line 5 instructions       | re refund checks (see line 6 bel<br>tain returns, or the power to ex-<br>s for more information.                                       | low), the power to su<br>ecute a request for c                     | ubstitute another<br>disclosure of tax             |  |
| Exceptions. An unenrolled return preparer ca<br>situations. See Unenrolled Return Preparer in<br>in section 10.3(d) of Treasury Department Cir<br>taxpayers to the extent provided in section 10<br>most cases, the student practitioner's (levels<br>another practitioner). | n the instructions. An enri<br>cular No. 230 (Circular 23<br>0.3(e) of Circular 230. See<br>k and I) authority is limite | one actuary may only represended.  (no). An enrolled retirement plan  the line 5 instructions for restred  (for example, they may only | administrator may crictions on tax matter<br>practice under the si | only represent<br>rs partners. In<br>upervision of |  |
| List any specific additions or deletions to the  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 6 Receipt of refund checks. If you want to authorize checks, initial here and list the   | e a representative named on<br>name of that representati   | ive below.   | DORSE OR CASH, refu  | und  |  |
| Name of representative to receive  |  |  |  |  |  |

| 216446 | Page |
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| Form 2848 (Rev 6-2008) SAN ANGELO CHRISTIAN ACAD | Form 2848 (Rev 6-2008) | SAN | ANGELO | CHRISTIAN | ACADEMY |
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|-----------------------|---|--|--|--|----------------------|--|
|                       | Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.  |  |  |  |                      |  |
|                       | a If you also want the second representative listed to rece   | ive a copy of notices  | and communications,  | check this box   |                      |  |
|                       | b If you do not want any notices or communications sent t   | to your representativ  | e(s), check this box   |  | <u> </u>             |  |
| 8                     | Retention/revocation of prior power(s) of attorney. The fill of attorney on file with the Internal Revenue Service for the you do not want to revoke a prior power of attorney, check YOU MUST ATTACH A COPY OF ANY POWER OF ATTOR      | ing of this power of a<br>e same tax matters a<br>k here                       | attorney automatically re<br>and years or periods co                               | evokes all earlier power(s)<br>vered by this document. If                    |                      |  |
| 9                     | Signature of taxpayer(s). If a tax matter concerns a joint of otherwise, see the instructions. If signed by a corporate of or trustee on behalf of the taxpayer, I certify that I have the IF NOT SIGNED AND DATED, THIS POWER OF ATTOR | return, <b>both</b> husband<br>fficer, partner, guard<br>ne authority to execu | l and wife must sign if jo<br>ian, tax matters partner<br>te this form on behalf o | oint representation is requ<br>, executor, receiver, admi<br>f the taxpayer. | ested,<br>nistrator, |  |
|                       | F NOT SIGNED AND DATED, THIS POWER OF ATTOR   | MET WILL BE KER  | MALD.  |  |                      |  |
| CLIENT COPY President |   |  |  |  |                      |  |
|                       | Signature   |  | Date   | Title (if applicable   | )                    |  |
|                       | STEVE SHERROD Print Name  | Pin Number   | Print name of taxpay   | ver from line 1 if other than individu                                       | <br><sub>val</sub>   |  |
|                       | Signature Signature   |  | Date   | Title (if applicable   | <del>)</del>         |  |
| Da                    | rt II Declaration of Representative   | Pin Number   |  |  |                      |  |
|                       |   | 100 11 11  | Tamanar Clinica ar   | the Student Tay Clinic Pro   | naram                |  |
| Cau<br>(lev           | ntion: Students with a special order to represent taxpayers in<br>tels k and l), see the instructions for Part II.  | n qualified Low Inco   | me Taxpayer Clinics or   | the Student Tax Chille Fre   | gram                 |  |

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
- a Attorney a member in good standing of the bar of the highest court of the jurisdiction shown below.
- b Certified Public Accountant duly qualified to practice as a certified public accountant in the jurisdiction shown below.
- c Enrolled Agent -- enrolled as an agent under the requirements of Circular 230.
- d Officer a bona fide officer of the taxpayer's organization.
- e Full-Time Employee a full-time employee of the taxpayer.
- f Family Member a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
- g Enrolled Actuary enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
- h Unenrolled Return Preparer the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** in the instructions.
- k Student Attorney student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
- Student CPA student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
- r Enrolled Retirement Plan Agent enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

| See the Part II instruct                  | 10115.                                 |                           |                               |
|---|--|---------------------------|-------------------------------|
| Designation — Insert above letter (a - r) | Jurisdiction (state) or identification | Signature                 | Date                          |
| b   | Texas                                  | /s/ Mason L. Backus, CPA  |                               |
| b   | texas                                  | /s/ Travis L. Garmon, CPA |                               |
|   |  | FDIZ9012L 07/09/08        | Form <b>2848</b> (Rev 6-2008) |