



pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF VOCATIONAL REHABILITATION

BPG 2537654

May 11, 2016

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

RE: Authorized Signature Forms: PMASP & TDDP

Dear Ms. Chiavetta:

Enclosed please find authorized signature forms for the Telecommunication Device Distribution Program Account No 152 502 6942 and Print Media Access System Program Account No 152 501 0432.

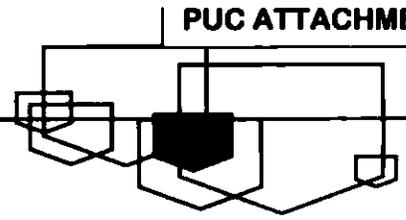
Should you need anything further, please do not hesitate to contact me at 717.787.6176. Thank you for your assistance.

Sincerely,

David J. De Notaris, Executive Director
Office of Vocational Rehabilitation

cc: Jennifer Baumgardner
Ryan Hyde
Joe Strechay

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2016 MAY 16 AM 11:20
PA. P.U.C.
SECRETARY'S BUREAU



Authorized Signature Form

Account/Plan Name: Pennsylvania Telecommunications Relay Service Fund
Print Media Access System Program Account No 152 501 0432

Account Principal/Plan Sponsor Name: Pennsylvania Public Utility Commission

In accordance with the provisions of the above referenced account, the following people are authorized on behalf of the Plan/Account to direct U.S. Bank, N.A. to take action with regard to this account and hereby authorize and direct U.S. Bank, N.A. to act on directives signed by:

Name: David J DeNotaris

Title and Agency: Executive Director / OVR

Signature: David J DeNotaris

Name: Ryan Hyde

Title and Agency: Director / BCO

Signature: [Signature]

Name: Joe Strechay

Title and Agency: Director / BBVS

Signature: [Signature]

Name: _____

Title and Agency: _____

Signature: _____

Authorized by:

I hereby acknowledge and represent that I am authorized on behalf of the Plan/Account to provide this authorized signature form to U.S. Bank, N.A. This form shall remain in effect until it is changed or revoked in writing by the Plan/Account. Any change or revocation of this form shall be effective upon U.S. Bank's receipt of such written notice.

Name: Robert C. Gramola

Signature: _____

Title: Director of Administration, PUC

Date Signed: _____

Authorized Signature Form

Account/Plan Name: Pennsylvania Telecommunications Relay Service Fund
Telecommunications Device Distribution Program Account No 152 502 6942

Account Principal/Plan Sponsor Name: Pennsylvania Public Utility Commission

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Title and Agency: Executive Director / OVR

Signature: David J. DeNotaris

Name: Ryan Hyde

Title and Agency: Director / BCO

Signature: [Signature]

Name: _____

Title and Agency: _____

Signature: _____

Name: _____

Title and Agency: _____

Signature: _____

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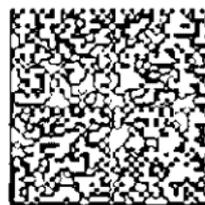
pennsylvania

DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF VOCATIONAL REHABILITATION

Central Office
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Harrisburg, PA 17102-1104

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