

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2258

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

1034722

PERIOD SPECIFIED BELOW

01/01/2008 THRU 08/31/2008

TRUCKMEN CORPORATION
5449 BISHOP RD
GENEVA, OH 44041-9600

Masha P. Ryan
Administrator

ohiobwc.com

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED