



**Certificate of Premium Payment**

This certifies the employer listed below has paid into the Ohio 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.

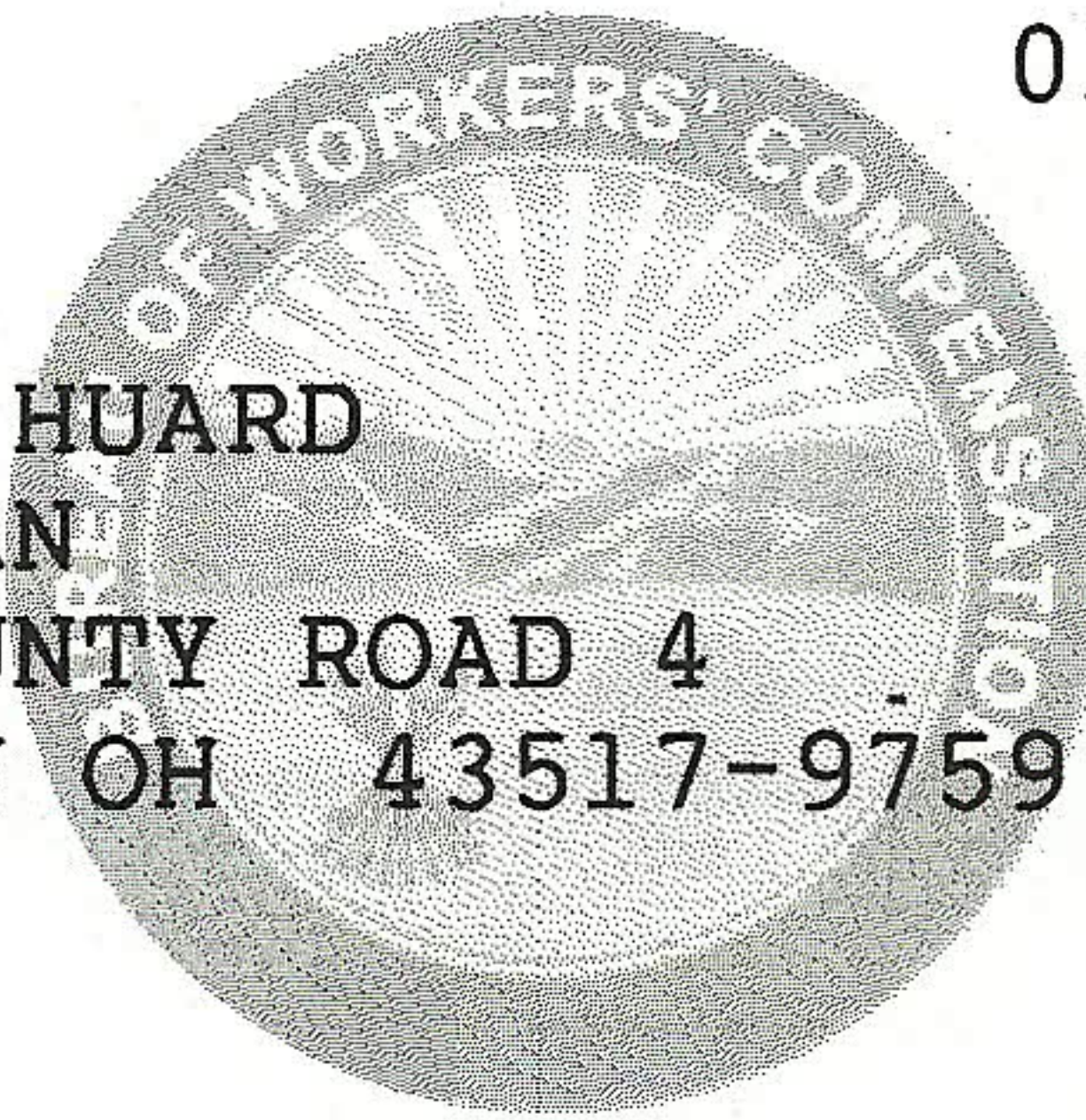
Policy No. and Employer

Period Specified Below

793726

01/01/2014 THRU 08/31/2014

ROGER A HUARD  
GUTTERMAN  
6133 COUNTY ROAD 4  
EDGERTON OH 43517-9759



*Stephen Buchner*  
Administrator/CEO

ohiobwc.com

You can reproduce this certificate as needed.