

**Notarized Statement of No Other Insurance**

I, Fangyu Xiong, declare that I was not covered  
(Insured's Name)

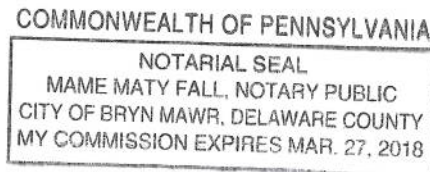
by any other insurance policy, through myself or my parents for the accident  
dated 11/8/2014.

Should any insurance become effective during my treatment I will notify VISA  
Card Benefit Services and forward all eligible bills to the new carrier. I  
understand VISA Card Benefit coverage is excess to all other insurance and  
will pay after all collectible insurance. The claim number is 0003243082-001.

I understand that if any of these statements are false it could deem my claim  
ineligible.

Fangyu Xiong  
(Notary Signature and raised seal)

3/2/2015  
(Date)



3/2/2015