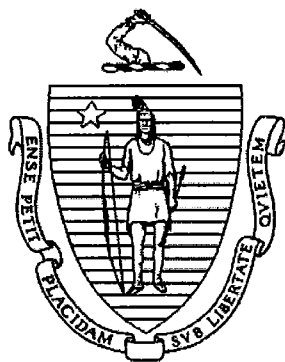


NOTICE TO EMPLOYEES



NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017

617-727-4900 - <http://www.state.ma.us/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

State Farm and Companies

NAME OF INSURANCE COMPANY

900 Old River, Bakersfield, CA 93311

ADDRESS OF INSURANCE COMPANY

92-CQ-D7884

12/15/2015-12/15/2016

POLICY NUMBER

EFFECTIVE DATES

800-749-9703

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

Citadel Servicing Corporation

15707 Rockfield Blvd. Third Floor

EMPLOYER

ADDRESS

Human Resources Department

01/01/2016

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

Any hospital or Occupational Medical Clinic

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER