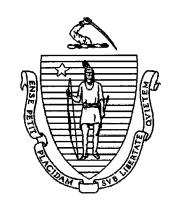
NOTICE TO EMPLOYEES



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		
NAM	E OF INSURANCE COMPANY	
900 Old River , Bakersfield, CA 93311		
ADDR	ESS OF INSURANCE COMPANY	
92-CQ-D7884		12/15/15-12/15/16
POLICY NUMBER		EFFECTIVE DATES
NAME OF INSURANCE AGENT Citadel Servicing Corporation	ADDRESS 15707 Rockfield Blvd. Third Floor	PHONE # , Irvine, CA 92618
EMPLOYER	ADDRESS	
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 Occupational Urgent Care/Hospital

NAME OF HOSPITAL

ADDRESS