



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

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-CHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

1405998

Period Specified Below

07/01/2014 THRU 02/28/2015

MIDDLEFIELD PALLETT INC
15940 BURTON WINDSOR RD
MIDDLEFIELD OH 44062-9791

ohiobwc.com


Administrator/CEO

You can reproduce this certificate as needed.