



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-OHIOBWC.

This certificate must be conspicuously posted.

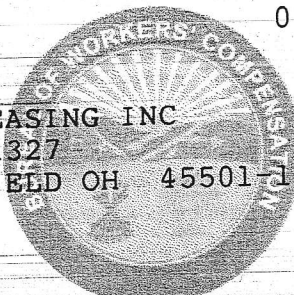
Policy No. and Employer

Period Specified Below

862090

07/01/2013 THRU 02/28/2014

M M S LEASING INC
PO BOX 1327
SPRINGFIELD OH 45501-1327



Stephen Bucher
Administrator/CEO

ohiobwc.com

You can reproduce this certificate as needed.



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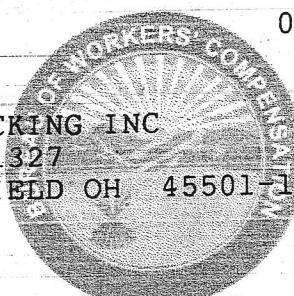
Policy No. and Employer

Period Specified Below

1003516

07/01/2013 THRU 02/28/2014

MMS TRUCKING INC
PO BOX 1327
SPRINGFIELD OH 45501-1327



Stephen Bucher
Administrator/CEO

ohiobwc.com

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