



**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.

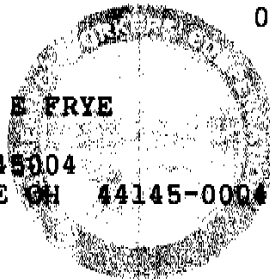
Policy No. and Employer

Period Specified Below

823844

07/01/2014 THRU 02/28/2015

RICHARD E FRYE
PLATCO
PO BOX 45004
WESTLAKE OH 44145-0004



Stephen Bucher
Administrator/CEO

ohiobwc.com

You can reproduce this certificate as needed.