



# PRAIRIE LAND *services*

*Professional Recovery Specialists*


## Worker's Compensation Exemption Letter

The undersigned, on behalf of Prairie Land Services, Inc agrees that they are NOT required to carry Workers Compensation Coverage.

By signing below, I affirm that we are exempt from the Worker's Compensation as the company is:

(Please check one of the options below, regarding reason your company does not carry Workmen's Compensation Coverage. **Box must be checked**).

- Individual/sole proprietor or single-member LLC Owner
- Operated Under Number of Required Employees
- Not Required by State
- Other: \_\_\_\_\_

Signature:  \_\_\_\_\_

Print Name: Troy Manzi

Title: President

Company Name: Prairie Land Services, Inc

Company Address: PO Box 49065, Wichita, KS 67201

Contact Telephone Number: 316-219-2929

Contact E-mail Address: contact@plsks.com

Date: 05/03/2023