

Company Letterhead: ALSCO-Tulsa LLC

### Worker's Compensation Exemption Letter

The undersigned, on behalf of ALSCO-Tulsa LLC (Company Name) 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: The company takes full responsibility for any work-related injuries to their employees .

Signature: Lisa Hancock

Print Name: Lisa Hancock

Title: Owner

Company Name: ALSCO-Tulsa LLC

Company Address: 8512 E 46th st

City/State: Tulsa, OK

Zip Code: 74145

Contact Telephone Number: 918-794-7714

Contact E-mail Address: Lisa@alscotulsa.com

Date: 10.13.2021