

## Workers' Compensation Exemption Letter

The undersigned, on behalf of 1st Choice Recovery Llc (Company Name) agrees that they are NOT required to carry Workers' Compensation Coverage in the state of South Carolina.

By signing below, I affirm the Company **takes full responsibility for any work-related injuries of our employees and are exempt from Workers' Compensation** as the company is (*Only check one box per state*):

- Individual / Sole Proprietor / Single-Member LLC / Owner Operated
- Under Number of Required Employees. Number of Employees: 3
- Not Required by State (Texas Only)

Signature:



Print Name:

Archie Bismaier

Title:

Owner

Date:

11/07/2025

Company Name:

1st Choice Recovery LLC

Company Address:

280 Thorpe Rd

City/State:

Summerville, SC

Zip Code:

29485

Contact Number:

843-851-4377

Contact Email:

1STCHOICE@RECOVERYAGENTS.NET