

ICUSA



Mobility Exchange Corporation

To Whom It May Concern:

So that we may keep you active in our database, please e-mail me the sign exemption (see below) to jdunbar@icusamobility.com or fax to 562-983-8051 at your earliest possible convenience, with the original copy sent via regular mail to

ICUSA Mobility Exchange Corporation
Attn: Jake Dunbar
18000 Studebaker Road, Suite 700
Cerritos, CA 90703

If you are not required by the state to maintain Worker's Compensation

Please verify by printing name and state of operation, signing and dating the statement below.

I, _____, attest that _____ is
(name) (Company name)

_____ to provide Workers' Compensation insurance or equivalent thereof.
(state)

Signed

Date

Sincerely,

Jake Dunbar
Vice President
Phone: 562-983-8182
Fax: 562-983-8051
jdunbar@icusamobility.com