



CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20005306 CITY OF CINCINNATI 805 CENTRAL AVE STE 100 CINCINNATI, OH 45202	Period Specified Below <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>1st</u></td> <td style="text-align: center; border-bottom: 1px solid black;">DAY OF</td> <td style="text-align: center; border-bottom: 1px solid black;"><u>January 2012</u></td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>1st</u></td> <td style="text-align: center; border-bottom: 1px solid black;">DAY OF</td> <td style="text-align: center; border-bottom: 1px solid black;"><u>January 2013</u></td> </tr> </table>	<u>1st</u>	DAY OF	<u>January 2012</u>	<u>1st</u>	DAY OF	<u>January 2013</u>
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THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO