

EMPLOYERS[®]

TO THE EMPLOYER: THIS NOTICE MUST BE POSTED IN A
CONSPICUOUS PLACE UPON YOUR PREMISES.

NOTICE

REGARDING WORKERS' COMPENSATION INSURANCE

ALL WORKERS EMPLOYED BY THE UNDERSIGNED ARE HEREBY NOTIFIED THAT THE EMPLOYER HAS COMPILED WITH THE LAW AS TO SECURING THE PAYMENT OF COMPENSATION TO HIS EMPLOYEES AND THEIR DEPENDENTS, IN ACCORDANCE WITH THE PROVISIONS OF THE WORKER'S COMPENSATION LAW.

Date: 1/30/2019

Employer: Reliant Mission, Inc.

Employer's Authorized Agent: Arthur J. Gallagher Risk Management Services, Inc.

An Employee receiving an injury by accident must immediately notify his/her supervisor, superintendent, or the undersigned, who will provide medical attendance.

Claim for compensation must be made in writing and given to the employer. Forms for giving notice of injury and making claim for compensation will be furnished by the employer; by the surety,

or upon application, by the Industrial Commission in Boise, Idaho.