TAMPERING WITH THIS LABEL
NULLIFIES THE CERTIFICATION

VIRGINIA A. MAY
ACTING EXECUTIVE DIRECTOR

PLAINTIFF'S EXHIBIT
CHV-786

TEXAS
WORKERS' COMPENSATION COMMISSION

SOUTHFIELD BUILDING, MS-96, 4000 SOUTH IH-35, AUSTIN, TEXAS 78704-7491
(512) 448-7900

STATE OF TEXAS §
§
COUNTY OF TRAVIS §

CERTIFICATION OF SPECIFIED INSTRUMENT(S)

I,Rachel Solis, Data Entry Operator and Custodian of the Records of the Texas Workers' Compensation Commission of the State of Texas, DO HEREBY CERTIFY that the attach is a complete copy of the IAB Form 20(Notice that Employer has become Subscriber) for the period of 04-01-79 to 04-01-80 for:

Standard Oil Co of Texas
MBI#902090800

I FURTHER CERTIFY that I am the lawful possessor and custodian of the records of the Texas Workers' Compensation Commission of the State of Texas.

IN TESTIMONY WHEREOF, I have officially affixed my name and caused to be impressed hereon the seal of the Texas Workers' Compensation Commission at 4000 South IH-35, in the City of Austin, Texas on this 4th day of May, 2001.

"This document is signed under the authority delegated to me by Virginia A. May, Acting Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041-402.042."

Rachel Solis

Rachel Solis,
Insurance Coverage Department

Tex. Lab. Code §§ 402.042, 402.081.
Do not remove any of the records or detach this certification page. These actions nullify the certification.

An Equal Opportunity Employer

NOTICE THAT EMPLOYER HAS BECOME A SUBSCRIBER

TEXAS WORKERS' COMPENSATION ACT

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workers' Compensation Insurance Act, Chapter 10[illegible] General Laws, 1917, and amendments thereto, that the named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars ($1,000) for each offense.

V 820908 SP

INSURANCE COMPANY SIGN HERE
(DO NOT USE GROUP NAME)

019

EMPLOYERS FIRE INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION

P. O. BOX 20666, EL PASO, TEXAS 79998
ADDRESS

SIGNED: G. E. Walton

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: FE G41 9864

☒ NEW POLICY ☐ RENEWAL

EFFECTIVE: FROM 4/1/79 TO 4/1/80

AGENCY WRITING THIS COVERAGE: PATTERSON AGENCY, INC.
NAME

BIG SPRING, TEXAS
ADDRESS PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM: _____ TO. _____

THROUGH: (INS. CO.) _____ POLICY NUMBER: _____
(NOT REQUIRED IF RENEWED IN SAME COMPANY)

SCOPE OF COVERAGE:
X ENTIRE STATE OF TEXAS (ALL OPERATIONS)
☐ PROPRIETOR AND/OR EXECUTIVE OFFICERS INCLUDED
■ NOTICE: FOR DIVIDED RISK POLICIES COVERING SPECIFIC JOBS, JOINT VENTURES AND FOREIGN OPERATIONS MUST BE FILED ON I.A.B. FORM 154
REINSTATEMENT REVOKES CANCELLATION
EFFECTIVE

BOARD'S STAMP

RECEIVED
JAN 17 79
Texas Industrial Accident Board

OCCUPATION OF INSURED: Oil Dealer

APPROXIMATE NUMBER OF EMPLOYEES: 3

ESTIMATED ANNUAL PAYROLL: $42,600.

BELOW LIST PRINCIPAL CORPORATE NAME FIRST GIVING HEADQUARTERS ADDRESS, THEN LIST EVERY SUBSIDIARY CORPORATION DOING BUSINESS IN TEXAS AND PROVIDE ITS PRINCIPAL TEXAS ADDRESS. ALSO LIST EVERY OPERATING OR DIVISIONAL NAME USED IN TEXAS AND PROVIDE THEIR LOCATIONS. CONTINUE LIST ON SEPARATE SHEET AND ATTACH

H. W. WRIGHT DBA STANDARD OIL OF TEXAS
Box 30
Big Spring, Texas 79720

EMPLOYER SIGN HERE

SIGNED: (NOT AVAILABLE)

TITLE OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

I.A.B. Form 20 (Rev. 8-77)
G6K8

ORIGINAL

NULLIFIES THE CERTIFICATION

VIRGINIA A. MAY
ACTING EXECUTIVE DIRECTOR

TEXAS
WORKERS' COMPENSATION COMMISSION

SOUTHFIELD BUILDING, MS-96, 4000 SOUTH IH-35, AUSTIN, TEXAS 78704-7491
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Rachel Solis

Rachel Solis,
Insurance Coverage Department

Tex. Lab. Code §§ 402.042, 402.081.
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An Equal Opportunity Employer

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V 820908 SP

INSURANCE COMPANY SIGN HERE
(DO NOT USE GROUP NAME)

019

EMPLOYERS FIRE INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION

P. O. BOX 20666, EL PASO, TEXAS 79998
ADDRESS

SIGNED: [signature]

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: FE G41 9864

☒ NEW POLICY ☐ RENEWAL

EFFECTIVE: FROM 4/1/79 TO 4/1/80

AGENCY WRITING THIS COVERAGE: PATTERSON AGENCY, INC.
NAME

BIG SPRING, TEXAS
ADDRESS PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM: _____ TO _____

THROUGH: (INS. CO.) _____ POLICY NUMBER: _____
(NOT REQUIRED IF RENEWED IN SAME COMPANY)

SCOPE OF COVERAGE:
X ENTIRE STATE OF TEXAS (ALL OPERATIONS)
PROPRIETOR AND/OR EXECUTIVE OFFICERS INCLUDED
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RECEIVED
JAN 1979
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I.A.B. Form 20 (Rev. 8-77)
G6168

ORIGINAL