TAMPERING WITH THIS LABEL
NULLIFIES THE CERTIFICATION

VIRGINIA A. MAY
ACTING EXECUTIVE DIRECTOR

PLAINTIFF'S EXHIBIT

CHV-788

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 attached are complete copies of the IAB 20's(Notice that Employer has become Subscriber) for the period of 04-01-73 to 04-01-78 for:

Standard Oil Co of Texas
MBI#936761100

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 4rd 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 SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT 367611 265

905647

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy under which operations are conducted and any necessary endorsements.)

Fred Wagner, dba Fred's Chevron and Standard Oil Co., of Texas

ADDRESS: 3230 Alabama El Paso, Texas 79930

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

7.5

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
410 020851 6	April 1, 1977		Westchester

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 4-1-78

RECEIVED
MAY 11 '77
TEXAS INDUSTRIAL ACCIDENT BOARD

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 4

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

Gasoline Stations-retail including drivers -8387
OCCUPATION

Samford-Greve-Perry 2507 E. Yandell El Paso, Texas 79903
AGT. OR BROKER ADDRESS CITY STATE ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and hereby elects thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer who shall willfully fail or refuse 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.

EMPLOYER SIGN HERE [redacted]

SIGNED: Fred Wagner

TITLE OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

INSURANCE COMPANY SIGN HERE [redacted]

Westchester Fire Insurance Company
NAME OF INSURANCE COMPANY OR ASSOCIATION

Home Office: 100 4100 Rio Bravo #315
P.O. Box 12485 El Paso, Texas 79912
ADDRESS

SIGNED: Bill Lunsford

Special Agent
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

ORIGINAL COPY

UNIFORM PRINTING & SUPPLY

19[illegible] NOTICE THAT EMPLOYER ... BER

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

B345618 — TEXAS WORKMEN'S COMPENSATION ACT — 4-11-75 994

EMPLOYER: (Include all firm names and complete mailing address covered by this policy under which operations are conducted in Texas. Attach any necessary endorsements.)

Fred Hagner, dba Fred's Chevron and Standard Oil Co. of Texas
3230 Alabama
El Paso, Texas 79930

ADDRESS:

LOCATION OF RISK: XXX ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC 77 26 67	April 1, 1976		Westchester

☐ NEW POLICY XXX RENEWAL XXX EXPIRES AT 12:01 A.M. ON April 1, 1977

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 3

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

Gasoline Stations - Code 8387
OCCUPATION

Sanford-Greve-Perry Insurance Agency — 2507 East Yandell — El Paso, Texas 79903
AGT. OR BROKER — ADDRESS — CITY — STATE — ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above 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 wilfully 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.

EMPLOYER SIGN HERE

SIGNED: Fredrick H. Hagner

TITLE OF PERSON SIGNING NOTICE

DATE: 5-27-76

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO TEXAS INDUSTRIAL ACCIDENT BOARD. DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

SIGNED: Tom Sowell

NAME OF INSURANCE COMPANY OR ASSOCIATION: Fire Insurance Company, 5100 Rio Bravo, Suite 215, El Paso, Texas 79903

ADDRESS

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

ORIGINAL COPY

Uniform printing & supply co.

138099 NOTICE THAT EMPLO[illegible]

TEXAS WORKMEN'S COMPENSATION ACT

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach any necessary endorsements.)

Fred Wagner, dba Fred's Chevron and Standard Oil Co. of Texas
3230 Alabama
El Paso, Texas 79930

ADDRESS:

LOCATION OF RISK: XXX ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC 39 59 78	April 1, 1975		Westchester

☐ NEW POLICY XXX RENEWAL XXX EXPIRES AT 12:01 A.M. ON April 1, 1976

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 4

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

Gasoline Stations - Code 8387
OCCUPATION

Samford-Greve-Perry Insurance Agency 2507 East Yandell El Paso, Texas 7990[illegible]
AGT. OR BROKER ADDRESS CITY STATE ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above 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 wilfully 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.

EMPLOYER SIGN HERE

SIGNED: X Fred Wagner

TITLE OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO [illegible]
DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

INSURANCE COMPANY SIGN HERE

Westchester Fire Insurance Company
NAME OF INSURANCE COMPANY OR ASSOCIATION

Floyd Hart & Company, 4100 Rio Bravo, [illegible] El Paso, Texas [illegible]
ADDRESS

Bill Tunsford

Special Agent
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

RECEIVED INDUSTRIAL ACCIDENT BOARD APR 1 1975 INSURANCE DEPT.

ORIGINAL COPY

I.A.B. Approved Rev. 10-1-69 Form 2010 ORIGINAL COPY UNIFORM PRINTING & SUPPLY DIV. WC [illegible]

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

RR090353 — TEXAS WORKMEN'S COMPENSATION ACT — 041765999

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach any necessary endorsements.)

Fred Wagner, dba Fred's Chevron & Standard Oil Co., of Texas
3230 Alabama
El Paso, Texas 79930

ADDRESS:

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS
☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC 39/60/18	April 1, 1974		Westchester

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON April 1, 1975

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment:

B. Seasonal Employment by Month:

RECEIVED
MAY 23 1974
CASUALTY DEPT.
DALLAS, TEXAS

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

Gasoline Stations - retail including drivers - Code 8387
OCCUPATION

Samford-Greve-Perry Insurance Agency, Inc. 2507 E. Yandell El Paso, Texas 79903
AGT. OR BROKER — ADDRESS — CITY — STATE — ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above 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 wilfully 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.

EMPLOYER SIGN HERE [redacted]
Fred Wagner
DATE MAY 21 1974
TITLE OF PERSON SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE TO EMPLOYER
NOTE: RETURN THIS NOTICE TO INSURANCE DEPT. DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE [redacted]
Westchester Fire Insurance Company
NAME OF INSURANCE COMPANY OR ASSOCIATION
Floyd, Wolfe & Murphy 1100 Montana
El Paso, Texas 79902
ADDRESS
DATE
J. R. Flores
Special Agent
TITLE OF PERSON SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE TO INSURANCE DEPT.
ON BEHALF OF INSURANCE COMPANY

RECEIVED
MAY 29 1974
INSURANCE DEPT.

All Rights Reserved Rev. 10-1-69 Form 2040 — OFFICIAL COPY — UNIFORM PRINTING & SUPPLY DIV. WC 8262

92734

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

04 175999

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach any necessary endorsements.)

Fred Wagner, dba Fred's Chevron and Standard Oil Co. of Texas

ADDRESS: 3230 Alabama, El Paso, Texas 79930

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC 03 90 86	4/1/73		Westchester

☒ NEW POLICY ☐ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 4/1/74

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment:

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

Gasoline Stations - retail - including drivers - Code 8387

OCCUPATION

Samford, Greve - Perry Ins. Agcy. Inc. 2507 E. Yandell El Paso, Texas 79903

AGT. OR BROKER ADDRESS CITY STATE ZIP

Notice is hereby given by the named employer and the named insurance company, subscribers to the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above 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 insurance company wilfully 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.

EMPLOYER SIGN HERE

SIGNED: Fred Wagner

TITLE OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO: INSURANCE DEPT.

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

WESTCHESTER FIRE INSURANCE COMPANY

NAME OF INSURANCE COMPANY OR ASSOCIATION

Floyd West & Company, 1100 Montana

P.O. Box 3678 El Paso, Texas 79923

ADDRESS

SIGNED: Fred Wagner

Special Agent

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

RECEIVED INDUSTRIAL ACCIDENT BOARD APR 2 1973

ORIGINAL COPY