

**TAMPERING WITH THIS LABEL
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
(512) 448-7900

PLAINTIFF'S EXHIBIT

CHV-788

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."

A handwritten signature in cursive script that reads "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

TEXAS WORKMEN'S COMPENSATION ACT

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

ADDRESS: 3230 Alabama El Paso, Texas 79930

LOCATION OF RISK: ~~XX~~ ENTIRE STATE OF TEXAS

☐ **DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY**

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

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 4

B. Seasonal Employment by Month:

[illegible]

Gasoline Stations-retail including drivers -8387

OCCUPATION
Samford-Greve-Perry 2507 E. Yandell El Paso, Texas 79903

AGENT 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 that the benefits therein are provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or insurance company 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) in each instance.

EMPLOYER SIGN HERE SIGNED: <u>Paul Wagner</u> DATE: <u>June 1962</u> TITLE OF PERSON SIGNING/NOTICE: <u>Owner</u>	INSURANCE COMPANY SIGN HERE <u>Metropolitan Life Insurance Company</u> NAMED INSURANCE COMPANY OR ASSOCIATION <u>Metropolitan Life Insurance Co., 4100 Rio Bravo</u> <u>B.O. Box 12485 El Paso, Texas 79912</u> ADDRESS SIGNED: <u>Bob Lunsford</u> TITLE OF PERSON SIGNING/NOTICE: <u>Special Agent</u> SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY
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ORIGINAL COPY

B345618

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

4-11-75 99.9

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

Fred Meyer, The Fred's Chevron and 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 77 26 67	April 1, 1976		Westchester

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 AM 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.

Capitol Stations - Code 5387

Sanford-Grave-Perry Insurance Agency - 2507 East Yandell - El Paso, Texas 79903

AGT. OR BROKER ADDRESS CITY STATE

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation 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: Fred Meyer

TITLE OF PERSON SIGNING NOTICE: Owner

DATE: 3-27-76

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO: EL PASO INDUSTRIAL ASSURANCE BOARD

DO NOT MAIL TO INDUSTRIAL ASSURANCE BOARD

INSURANCE COMPANY SIGN HERE

SIGNED: Tom Sawell

TITLE OF PERSON SIGNING NOTICE: Agent

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

ORIGINAL NOTICE

UNIFORM PRINTING & SUPPLY CO.

158099

NOTICE THAT EMPLOYER

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, after any necessary underpayments.)

Fred Wagner, dba Fred's Chevron and 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 59 78	April 1, 1975		Westchester

☐ NEW POLICY ☒ RENEWAL ☒ 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.

Occupation Stations - Code 8387

OCCUPATION

Samford-Grave-Perry Insurance Agency

2507 East Vandell

El Paso, Texas 79901

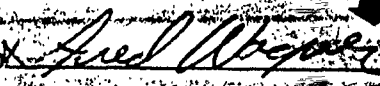
AGT. OR BROKER

ADDRESS

CITY

STATE

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 who fails or refuses 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: <u>Fred Wagner</u> TITLE OF PERSON SIGNING NOTICE DATE: <u>APR 1 1975</u> SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER NOTE: RETURN THIS NOTICE TO DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD (NOT FOR FILING WITH INDUSTRIAL ACCIDENT BOARD)	INSURANCE COMPANY SIGN HERE  SIGNED: <u>Westchester Fire Insurance Company</u> NAME OF INSURANCE COMPANY OR ASSOCIATION <u>West & Company, 4100 Rio Bravo</u> <u>El Paso, Texas 79901</u> ADDRESS RECEIVED INDUSTRIAL ACCIDENT BOARD APR 1 1975 Special Agent TITLE OF PERSON SIGNING NOTICE SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY
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ORIGINAL COPY

ORIGINAL COPY

UNIFORM PRINTING & SUPPLY CO. WCL

88090353

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

041175999

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.
WG 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:

MAY 23 1974

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

CASUALTY DEPT.
DALLAS, TEXAS

Gasoline Stations - retail including drivers - Code 8387

OCCUPATION

Samford-Grove-Perry Insurance Agency, Inc. 2507 E. Yandell El Paso, Texas 79902

AGT. OR BROKER

ADDRESS

CITY

STATE

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 <i>Fred Wagner</i> TITLE OF PERSON SIGNING NOTICE <i>Owner</i> SIGNATURE HERE CONSTITUTES NOTICE TO INSURANCE COMPANY NOTE: RETURN TO EMPLOYER DO NOT SIGN TO INDENT BOARD	INSURANCE COMPANY SIGN HERE <i>J. R. Thomas</i> TITLE OF PERSON SIGNING NOTICE <i>Special Agent</i> SIGNATURE HERE CONSTITUTES NOTICE TO EMPLOYER NOTE: RETURN TO INSURANCE COMPANY
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Approved Rev. 12-1-69 Form 200

ORIGINAL COPY

UNIFORM PRINTING & SUPPLY CO. WG3263

92734

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

041175999

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 79902

AGT. OR BROKER

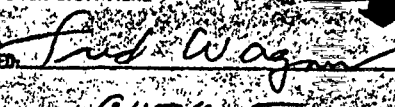
ADDRESS

CITY

STATE

ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation 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: Fred Wagner TITLE OF PERSON SIGNING NOTICE: Owner DATE: 4/1/73 SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER NOTE: RETURN THIS NOTICE TO: INDUSTRIAL ACCIDENT BOARD 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 ADDRESS: P.O. Box 3628, El Paso, Texas 79902 SIGNED: [Signature] Special Agent TITLE OF PERSON SIGNING NOTICE: Special Agent SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY
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ORIGINAL COPY