

**TAMPERING WITH THIS LABEL
NULLIFIES THE CERTIFICATION**

LEONARD W. RILEY, JR.
EXECUTIVE DIRECTOR



TEXAS

WORKERS' COMPENSATION COMMISSION

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

PLAINTIFF'S EXHIBIT

SWB-338

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 copy's of the IAB 20(Notice that Employer has become Subscriber) from 06-01-68 to 06-01-79 for:

Mountain States Telephone & Telegraph Co

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 30th day of November, 2000.

"This document is signed under the authority delegated to me by Leonard W. Riley, Jr., 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

NOTICE THAT EMPLOYER HAS

INSURANCE COMPANY NAME
 TEXAS EMPLOYERS' LIABILITY ASSOCIATION
 NAME OF INSURANCE COMPANY OR ASSOCIATION
 BOX 2759, DALLAS, TEXAS 75221
 SIGNED: *[Signature]*
 SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF
 INSURANCE COMPANY.

POLICY NUMBER: HC-3-99127
☐ NEW POLICY ☒ RENEWAL
 EFFECTIVE: FROM 6-1-78 TO 6-1-79

AGENCY WRITING THIS COVERAGE: _____

NAME

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:

- ☒ 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 _____

OCCUPATION OF

INSURED: Telephone Or Telegraph Co.

APPROXIMATE NUMBER

OF EMPLOYEES: 1864

ESTIMATED ANNUAL

PAYROLL: 5,590,963

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
 LOCATION. CONTINUE LIST ON SEPARATE SHEET AND AT-
 TACH.

The Mountain States Telephone and Telegraph
Company

931 14th Street, Room 1007
Denver, CO 80202

BOARD'S STAMP

RECEIVED

APR 19 '78

INDUSTRIAL ACCIDENT BOARD

EMPLOYER SIGN HERE

SIGNED: *[Signature]*

NAME OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF
 EMPLOYER

4-19-78/rf 04

NOTICE THAT EMPLOYER HAS BECOME A SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

055538

EMPLOYER: The above named person and complete mailing address, covered by this policy under which operations are conducted in Texas, shall be as follows:

The Mountain Station Telephone and Telegraph Company

ADDRESS: 951 1/2 Street, Room 2007, Denver, CO 80602

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.
I-59127	6-1-77		TEIA

☐ NEW POLICY

☒ RENEWAL

☒ EXPIRES AT 12:01 A.M. ON 6-1-78

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 967

TEXAS INDUSTRIAL
ACCIDENT BOARD

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.
									JUN 22 77		

Telephone or Telegraph Co.

INSURANCE

OCCUPATION

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 <i>R.E. Hainse</i>
TITLE OF PERSON SIGNING NOTICE
DATE
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER
NOTE: RETURN THIS NOTICE TO: TEXAS EMPLOYERS INSURANCE ASSOCIATION DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE
TEXAS EMPLOYERS INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION
BOX 1759, DALLAS, TEXAS 75221
ADDRESS
SIGNED <i>Joseph B. B...</i>
TITLE OF PERSON SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

04 sr 4-27-77 \$7.50

1 A B Approved Rev. 10-1-69
TEIA 3013 D (11-69)

ORIGINAL COPY

NAME OF THE FIRM, AND COMPLETE ADDRESS, COVERED BY THE POLICY UNDER WHICH OPERATIONS ARE CONDUCTED IN THIS STATE OF TEXAS:
The Mountain States Telephone and Telegraph Company
931 14th Street, Room 902, Denver, CO 80202

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.
W-1-59127	6-1-76		TEIA

☐ **NEW POLICY** ☒ **RENEWAL** ☒ **EXPIRES AT 12:01 A.M. ON** 6-1-77

APPROXIMATE NUMBER OF EMPLOYEES:
A. Stable Annual Employment: 967
B. Seasonal Employment by Month:

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

Office or exchange employees
OCCUPATION

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: <u>W. J. Pike</u> TITLE OF PERSON SIGNING NOTICE DATE: SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER NOTE: RETURN THIS NOTICE TO: TEXAS EMPLOYERS INSURANCE ASSOCIATION DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.	INSURANCE COMPANY SIGN HERE TEXAS EMPLOYERS INSURANCE ASSOCIATION NAME OF INSURANCE COMPANY OR ASSOCIATION BOX 2759, DALLAS, TEXAS 75221 ADDRESS SIGNED: <u>[Signature]</u> TITLE OF PERSON SIGNING NOTICE SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY
---	--

RECEIVED
 JUN 6 1976
 TEXAS INDUSTRIAL ACCIDENT BOARD

NOTICE THAT EMPLOYER HAS BEEN COVERED BY

80221833

TEXAS WORKMEN'S COMPENSATION ACT

EMPLOYER (Include all firm names, and complete mailing address, covered by the policy under which operations are conducted in Texas. (Mandatory endorsements.)

The Mountain States Telephone and Telegraph Company 5553A

ADDRESS: 423 Executive Center Blvd., El Paso, TX 79902

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.
G-59127	6-1-75		TEIA

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 6-1-76

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 967

B. Seasonal Employment by Month:

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

OCCUPATION

Office or Exchange Employees incl. drivers

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 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.

EMPLOYER SIGN HERE SIGNED <i>[Signature]</i> TITLE OF PERSON SIGNING NOTICE DATE SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER NOTE: RETURN THIS NOTICE TO: TEXAS EMPLOYERS INSURANCE ASSOCIATION DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD	INSURANCE COMPANY SIGN HERE TEXAS EMPLOYERS INSURANCE ASSOCIATION OF INSURANCE COMPANY OR ASSOCIATION BOX 2759, DALLAS, TEXAS 75221 ADDRESS SIGNED <i>[Signature]</i> TITLE OF PERSON SIGNING NOTICE SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY
--	--

RECEIVED

JUN 24 75

TEXAS INDUSTRIAL ACCIDENT BOARD

EXECUTIVE OFFICER, PARTNER AND SOLE PROPRIETORS ENDORSEMENT - TEXAS

1. Such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained by any executive officer, partner or sole proprietor of the insured, except such, if any, as are designated below or in Item 4 of the declarations.
2. "Remuneration," when used as a premium basis for such insurance, shall not include the remuneration of any executive officer, partner or sole proprietor of the insured not so designated.

Designation of Persons

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER

G-59127

issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO
The Mountain States Telephone and Telegraph Company, 931 14th Street, Denver, Co 80202

AND SHALL BE EFFECTIVE ON (date)

June 1, 1975

SIGNED AT

Dallas, Texas

RECEIVED

of said date as the hour of day provided by the Policy for commencement of the Policy period, and this endorsement shall terminate with the Policy.

JUN 24 75

TEXAS INDUSTRIAL
ACCIDENT BOARD

AUTHORIZED REPRESENTATIVE

80004

555

ADDRESS: 12, 13th Street Blvd., El Paso, TX 79902

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.
E-59127	6-1-74		TEIA

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 6-1-75

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 967

B. Seasonal Employment by Month:

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

Office or Exchange employees including clerical
OCCUPATION

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 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.

EMPLOYER SIGN HERE

SIGNED: W. J. Pike

TITLE OF PERSON SIGNING NOTICE

DATE 5-8-74

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF

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

INSURANCE COMPANY SIGN HERE

TEXAS EMPLOYERS INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221

SIGNED: [Signature]

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

hd 5-8-74 04 \$7.50

IA 8 Approved Rev. 10-1-67
TEIA 3913D (11-67)

ORIGINAL COPY

NOTICE THAT EMPLOYER HAS BEEN ADVISED THAT THE TEXAS EMPLOYERS INSURANCE ASSOCIATION (TEIA) IS A MEMBER OF 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 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.

ADDRESS: **El Paso Executive Center Bldg., Suite 230, El Paso, TX 79902**

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.
E-59127	6-1-73		TEIA 234

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON **6-1-74**

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: **967**

B. Seasonal Employment by Month:

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

Office or exchange employees including clerical

OCCUPATION

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 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.

EMPLOYER SIGN HERE

SIGNED **W. J. Pike**

TITLE OF PERSON SIGNING NOTICE

DATE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

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

INSURANCE COMPANY SIGN HERE

TEXAS EMPLOYERS INSURANCE ASSOCIATION

NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221

ADDRESS

SIGNED **Stanley D. Lane**

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

NOTICE THAT EMPLOYER

TEXAS WORKMEN'S COMPENSATION ACT

056508-000

EMPLOYER: Provide of first name, last name, and complete mailing address, covered by the policy under which operations are conducted in Texas. (Indicate whether employer is an individual or association.)

The Mountain States Telephone and Telegraph Company

88740

ADDRESS: 643 Executive Center Blvd., El Paso, TX 79902

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.
D-59127	6/1/72		TEIA

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 6/1/73

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 967

B. Seasonal Employment by Month:

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

OCCUPATION

Telephone or Telegraph Companies

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 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.

EMPLOYER SIGN HERE

SIGNED *W. J. Pike*

TITLE OF PERSON SIGNING NOTICE

DATE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

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

INSURANCE COMPANY SIGN HERE

TEXAS EMPLOYERS INSURANCE ASSOCIATION

NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221

ADDRESS

SIGNED *Frank B. Bane*

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

cr/4/14/72 7.50 INST. DEPT.

LAB. ADJUTANT GEN. BY
 TEIA 10/12/72

ORIGINAL COPY

Comm. 22822

Copy

TX-21
(5-15-67)

EXECUTIVE OFFICERS ENDORSEMENT - TEXAS

It is agreed that:

1. The insured being a corporation, such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained by any executive officer of the insured, except such officers, if any, as are designated below or in Item 4 of the declarations.
2. "Remuneration," when used as a premium basis for such insurance, shall not include the remuneration of any executive officer of the insured not so designated.

Designation of Officers

None

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER

D-59127

Issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO

The Mountain States Telephone and Telegraph Company

423 Executive Center Blvd.,
El Paso, TX 79902

AND SHALL BE EFFECTIVE ON (date)

June 1, 1972

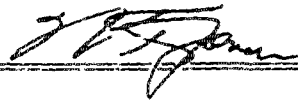
at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

SIGNED AT

Dallas, Texas

4/14/72

BY



AUTHORIZED REPRESENTATIVE

NOTICE THAT EMPLOYER

TEXAS WORKMEN'S COMPENSATION ACT

555

Mountain States Telephone and Telegraph Company

ADDRESS: 423 Executive Center Bldg., El Paso, Texas 79906

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.
C-59127	June 1, 1972		TEIA

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON June 1, 1972

967

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.

OCCUPATION: TELEPHONE OR TELEGRAPH COMPANIES

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: W. J. Fike

TITLE OF PERSON SIGNING NOTICE

DATE: _____

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

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

INSURANCE COMPANY SIGN HERE

TEXAS EMPLOYERS INSURANCE ASSOCIATION

NAME OF INSURANCE COMPANY OR ASSOCIATION: _____

BOX 75, DALLAS, TEXAS 75221

ADDRESS

SIGNED: [Signature]

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

NOTICE THAT EMPLOYER HAS BEEN

TEXAS EMPLOYERS INSURANCE ASSOCIATION

EMPLOYER: Name of the person, and complete mailing address, covered by this policy under which operations are conducted in Texas. (Name, Address, City, State, Zip)

The Mountain States Telephone and Telegraph Company

ADDRESS: 931 14th Street, Denver, CO 80202

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.
B-59127	6-1-70		TEIA

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 6-1-71

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 967

B. Seasonal Employment by Month:

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

OCCUPATION

Office or exchange employees including clerical.

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: *W. J. Pike*

TITLE OF PERSON SIGNING NOTICE

DATE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

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

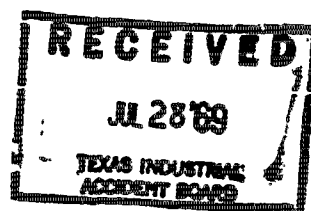
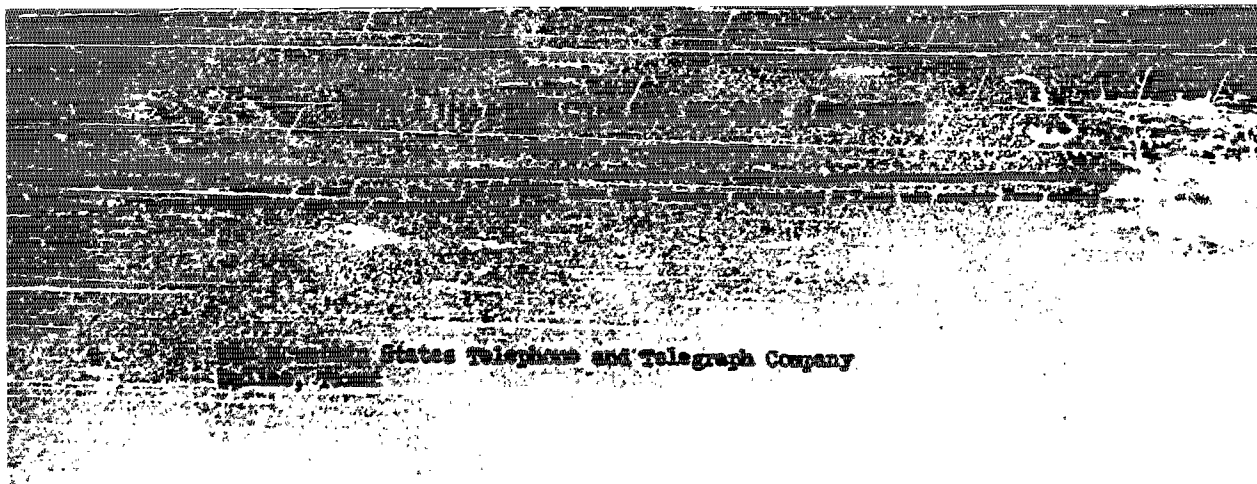
INSURANCE COMPANY SIGN HERE

RECEIVED
MAY 17 1970
TEXAS EMPLOYERS INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION
BOX 275 DALLAS TEXAS 75221

SIGNED: *Stanley Bane*

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY



☒ NEW POLICY	☐ RENEWAL OF POLICY	EFFECTIVE AT 12:01 A.M. ON	EXPIRES AT 12:01 A.M. ON
NO: A-59127	NO:	6-1-69	6-1-70
APPROXIMATE NUMBER OF EMPLOYEES			
967			
LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS			
☐ If divided risk, give operation covered by this policy			
A. STABLE ANNUAL EMPLOYMENT			
B. SEASONAL EMPLOYMENT BY MONTH			
JANUARY	MAY	SEPTEMBER	
FEBRUARY	JUNE	OCTOBER	
MARCH	JULY	NOVEMBER	
APRIL	AUGUST	DECEMBER	
OCCUPATION			
Telephone and Telegraph Companies			
AGENT OR BROKER			
NO. & STREET			
CITY			

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: <i>W. J. Pike</i>
TITLE OF PERSON SIGNING NOTICE
DATE
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER
NOTE: RETURN THIS NOTICE TO TEXAS EMPLOYERS' INSURANCE ASSN. DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

INSURANCE COMPANY SIGN HERE
TEXAS EMPLOYERS' INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION
P.O. BOX 2759 DALLAS, TEXAS 75221
SIGNED: <i>John H. Bane</i>
UNDERWRITER
TITLE OF PERSON SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

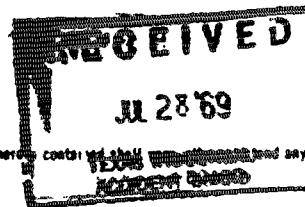
TX-3.1
(5-15-67)

EXECUTIVE OFFICERS ENDORSEMENT - TEXAS

It is agreed that:

1. The insured being a corporation, such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained by any executive officer of the insured, except such officers, if any, as are designated below or in Item 4 of the declarations.
2. "Remuneration," when used as a premium basis for such insurance, shall not include the remuneration of any executive officer of the insured not so designated.

Designation of Officers



This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall alter, amend, modify, or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER

IC-4-39127

issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO

The Mountain States Telephone and Telegraph Company 931 14th Street Denver, Colorado

AND SHALL BE EFFECTIVE ON (date)

June 1, 1969

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

SIGNED AT

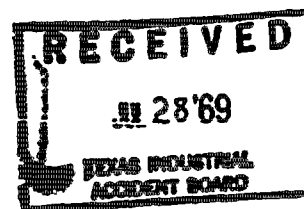
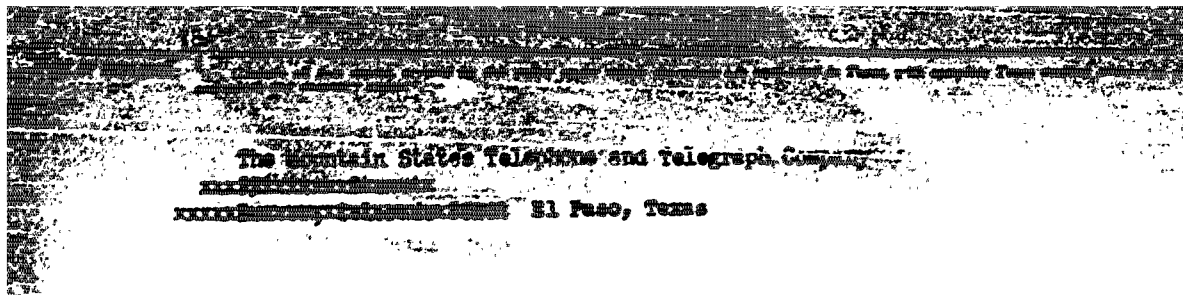
Dallas, Texas 7-17-69

BY

A handwritten signature in dark ink, appearing to be "J. B. [unclear]".

AUTHORIZED REPRESENTATIVE

TEXAS EMPLOYERS' INSURANCE ASSOCIATION



☒ NEW POLICY NO: WC-A-59127	☐ RENEWAL OF POLICY NO:	EFFECTIVE AT 12:01 A.M. ON June 1, 1969	EXPIRES AT 12:01 A.M. ON June 1, 1970												
LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS ☐ If divided risk, give operation covered by this policy		APPROXIMATE NUMBER OF EMPLOYEES A. STABLE ANNUAL EMPLOYMENT: 1008 B. SEASONAL EMPLOYMENT BY MONTH													
		<table border="1"><tr><td>JANUARY</td><td>MAY</td><td>SEPTEMBER</td></tr><tr><td>FEBRUARY</td><td>JUNE</td><td>OCTOBER</td></tr><tr><td>MARCH</td><td>JULY</td><td>NOVEMBER</td></tr><tr><td>APRIL</td><td>AUGUST</td><td>DECEMBER</td></tr></table>		JANUARY	MAY	SEPTEMBER	FEBRUARY	JUNE	OCTOBER	MARCH	JULY	NOVEMBER	APRIL	AUGUST	DECEMBER
JANUARY	MAY	SEPTEMBER													
FEBRUARY	JUNE	OCTOBER													
MARCH	JULY	NOVEMBER													
APRIL	AUGUST	DECEMBER													
OCCUPATION Telephone and Telegraph															
AGENT OR BROKER T. L. Metrous, 2616 North Oregon, El Paso, Texas 79902															

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 <i>M. J. Kuperman</i>
TITLE OF PERSON SIGNING NOTICE Benefit Comm.
DATE July 17, 1969
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER
NOTE: RETURN THIS NOTICE TO TEXAS EMPLOYERS' INSURANCE ASSN. C/O TEXAS INDUSTRIAL ACCIDENT BOARD

INSURANCE COMPANY SIGN HERE
TEXAS EMPLOYERS' INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION
Box 2759 DALLAS, TEXAS 75221
ADDRESS
SIGNED <i>Shirley Bane</i>
UNDERWRITER
TITLE OF PERSON SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

TX-9.1
(5-15-67)

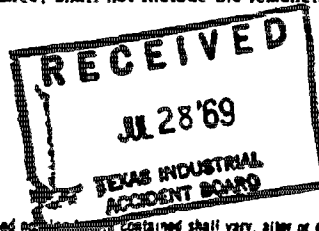
EXECUTIVE OFFICERS ENDORSEMENT - TEXAS

It is agreed that:

1. The insured being a corporation, such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained by any executive officer of the insured, except such officers, if any, as are designated below or in Item 4 of the declarations.
2. "Remuneration," when used as a premium basis for such insurance, shall not include the remuneration of any executive officer of the insured not so designated.

Designation of Officers

None



This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and no provision contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER

A-59127

issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO

The Mountain States Telephone and Telegraph Company

AND SHALL BE EFFECTIVE ON (date)

June 1, 1969

at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

SIGNED AT

Dallas, Texas

7-17-69

BY

A handwritten signature in ink, appearing to be "J. H. Jones".

AUTHORIZED REPRESENTATIVE

18-A-1-14-9-1-67

THE MOUNTAIN STATE TELEPHONE AND TELEGRAPH COMPANY

1111 No. Stanton Street

El Paso, Texas 79701

RECEIVED

MY 21 1969

TEXAS INDUSTRIAL
ACCIDENT SERVICE

☐ NEW POLICY	☒ RENEWAL OF POLICY	EFFECTIVE AT 12:01 A.M. ON 6-1-69	EXPIRES AT 12:01 A.M. ON 6-1-70
NO: 4-69			
LOCATION OF RISK:		☒ ENTIRE STATE OF TEXAS	
☐ If divided risk, give proportion covered by this policy			

OCCUPATION	NUMBER OF EMPLOYEES ^{in Texas}	ESTIMATED ANNUAL PAYROLL
Telephone	949	\$6,600,000
AGENT OR BROKER	No. or Street	City

J. H. Zumwalt, General Agent, Texas Comp. Ins. Co., 308 S. Akard St., Dallas, Texas 75202

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 183, 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

EMPLOYER'S SIGNATURE
SIGNED *[Signature]*
Texas Benefit Administrator
TITLE OF PERSON SIGNING NOTICE
DATE 4/1/69
Signature here constitutes notice on behalf of employer

INSURANCE COMPANY SIGN HERE
Texas Compensation Insurance Co.
NAME OF INSURANCE COMPANY OR ASSOCIATION
308 South Akard Street
Dallas, Texas 75202
ADDRESS
SIGNED *[Signature]*
Secretary
TITLE OF PERSON SIGNING NOTICE
Signature here constitutes notice on behalf of Insurance Company

TX-3: EXECUTIVE OFFICERS ENDORSEMENT - TEXAS

This endorsement issued to The Mountain States Telephone and Telegraph Company
is effective from June 1, 1968 and forms a part of Policy No. 4-68
12:01 A.M. Standard Time
issued by Texas Compensation Insurance Company of Dallas, Texas

It is agreed that:

1. The insured being a corporation, such insurance as is afforded by the policy by reason of the designation of Texas in item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained by any executive officer of the insured, except such officers, if any, as are designated below or in item 4 of the declarations.

2. "Remuneration", when used as a premium basis for such insurance, shall not include the remuneration of any executive officer of the insured not so designated.

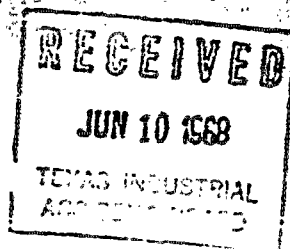
Designation of Officers

None

This endorsement is subject to all the terms, conditions and exclusions of the policy and of forms and endorsements attached thereto which are not inconsistent herewith.

Endorsed at Dallas, Texas

(Sgd.) J. H. Zurwalt
Only Authorized Representative



☐ NEW POLICY ☒ RENEWAL OF POLICY
NO: NO: 4-68
EFFECTIVE AT 12:01 A.M. ON 6-1-68 EXPIRES AT 12:01 A.M. ON 6-1-69
LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS
☐ If divided risk, give operation covered by this policy

OCCUPATION Telephone in Texas
NUMBER OF EMPLOYEES/ ESTIMATED ANNUAL PAYROLL
225 \$5,938,733.

AGENT OR BROKER No. 6 Street City
J. H. Zumwalt, General Agent, Texas Comp. Ins. Co., 308 S. Akard St., Dallas, Texas 75202

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.

EMPLOYER SIGN HERE
SIGNED *M. J. Rosenman*
Texas General Administrator
TITLE OF PERSON SIGNING NOTICE

DATE May 31, 1968
Signature here constitutes notice on behalf of employer

INSURANCE COMPANY SIGN HERE
Texas Compensation Insurance Co.
NAME OF INSURANCE COMPANY OR ASSOCIATION
308 South Akard Street
Dallas, Texas 75202
ADDRESS

SIGNED *E. J. [Signature]*
Secretary
TITLE OF PERSON SIGNING NOTICE
Signature here constitutes notice on behalf of insurance company