

CERTIFICATE OF COMPLIANCE
Worker's Compensation and Occupational Diseases
 State Form 41321 (R2 / 6-95)

This is to certify, pursuant to 630 IAC 1-1-37, Rules of the Worker's Compensation Board of Indiana that as of this date the records of the worker's Compensation Board of Indiana show the above-named employer is in compliance with Section 5, 68 and 69 of the Indiana Worker's Compensation Act (IC 22-3-2-5, 22-3-5-1 and 22-3-5-2) and Section 27 of the Indiana Worker's Occupational Diseases Act (IC 22-3-7-34) as described below:

<input type="checkbox"/> Self-Insured <input type="checkbox"/> Insured by		
Policy number WC017398007	Effective Date 10/1/97	Expiration Date 10/1/98

Note: This coverage may expire prior to this date if cancelled by the employer or insurance carrier by notice to the Indiana Worker's Compensation Board.

This document may be reproduced. Additional copies may be purchased from the Indiana Worker's Compensation Board. For further information contact the Insurance Division at (317)232-3820.

Employer CPM CONST PLANNING MGMT INC
10053 N HAGUE ROAD
INDIANAPOLIS, IN 46256

Validation stamp:

VALID

SEP 29 1997

**WORKER'S COMPENSATION
 BOARD OF INDIANA**

Certification Date 9/29/97	Verifier NA
Executive Secretary <i>Suzanne Pringle-Fralich</i>	

(Certificate is not valid unless stamped, signed and initialed.)

OCT 02 1997