Form U-26.3

		199 CHURCH STREE Phone	T, NEW YORK, N.Y. 10007-1100 a: (212) 312-9000		
	CEF	RTIFICATE OF WORKER	S' COMPENSATION	NSURANCE	
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	POLICYHOLDER			Alex	
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	POLICY NUMBER L 1265 328-3	CERTIFICATE NUMBER	PERIOD COV. D BY TI 12/26/2 8 TO 12/2	CERTIFICATE	DATE 6/17/2010
· · ·		AT THE POLICYHOLDER NAME D. 1265 328-3 UNTIL 12/26/200 INSATION UNDER THE NEW ATE OF NEW YORK, EXCEPT LLED, OR CHANGE PRIOR TO 1			
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New York State Workers' Compensation Board