

EMPLOYERS' CERTIFICATE OF SELF INSURANCE

THE ALASKA WORKERS' COMPENSATION BOARD

Has issued this certificate of self insurance to

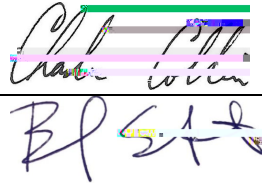
UNIVERSITY OF ALASKA

Its departments, divisions,

February

Member
Bradley S. Austin

Member
Vacant



Handwritten signatures of board members, including Bradley S. Austin.

TO THE EMPLOYEES OF THE ABOVE:

Your employer is authorized to directly pay benefits for job-related injuries, illnesses, or death as provided by the Alaska Workers' Compensation Act (injury or fatality) give your employer and the Alaska Workers' Compensation Board written notice of your injury, illness or death. Get the "Report of Occupational Injury or Illness" form from your employer for that purpose. If you have questions about an injury or claim, contact the employer's claims adjuster University of Alaska, System Office of Risk Services, 815 Bragaw Street, Ste. 209, Anchorage, AK 99508 or call (907)786-1140.

If you have questions about your rights or benefits under the Alaska Workers' Compensation Act, contact the Alaska Workers' Compensation Board at the nearest office listed below:

ANCHORAGE

3301 Eagle Street, 9950304