



**Bureau of Workers' Compensation**

30 W. Spring St.  
Columbus, OH 43215

### Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

708270

01/01/2013 Thru 08/31/2013

MCKEE DOOR SALES OF COLUMBUS INC  
5800 WINDWARD PKWY # MSB-138  
ALPHARETTA, GA 30005-8802



ohio**wc**.com

*Stephen Buchner*  
Administrator/CEO

You can reproduce this certificate as needed.

### Ohio Bureau of Workers' Compensation

#### Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers' Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



**Bureau of Workers'  
Compensation**  
30 W. Spring St.  
Columbus, OH 43215-2266

Governor John R. Kasich  
Administrator/CEO Stephen Buehrer  
ohlobwc.com  
1-800-OHIOBWC

**CERTIFICATE OF EMPLOYER'S  
RIGHT TO PAY COMPENSATION DIRECTLY**

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20005244  ADP, INC 1 ADP BLVD MSC 470 ROSELAND, NJ 07068	Period Specified Below  <table border="0"> <tr> <td><u>1st</u> DAY OF</td> <td><u>February 2013</u></td> </tr> <tr> <td><u>1st</u> DAY OF</td> <td><u>February 2014</u></td> </tr> </table>	<u>1st</u> DAY OF	<u>February 2013</u>	<u>1st</u> DAY OF	<u>February 2014</u>
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<u>1st</u> DAY OF	<u>February 2014</u>				

Subs

20005244-6 ADP TotalSource, Inc.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer  
Administrator/CEO

BWC-7201  
SI-1