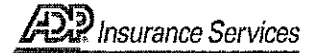


June 24, 2014



BRAILLE SIGNS INC  
16782 VON KARMAN AVE  
SUITE 30  
IRVINE, CA 92606

BRAILLE SIGNS INC

Here is important information concerning the renewal of your Workers' Compensation policy.

> Your policy will renew with Employers Compensation  
Insurance Company on 08/01/2014.  
> The new policy number is EIG100413608.  
> Your policy renewal will continue on ADP's Pay-by-Pay®  
program. Your estimated annual

premium is \$6270.00. Remember, on the

We are pleased to advise you that policy has been issued with the following classification code(s) and rate(s):

Class Code	Description	Net Rate
8810	CLERICAL OFFICE EMPLOYEES-N O C	\$0.83 per \$100
4492	SIGN MFG - METAL, PLASTIC OR WOOD - N O C	\$8.03 per \$100
5146*	SIGN INSTALLATION OR REPAIR - INTERIOR OR AFFIXED	\$12.32 per \$100

\*Governing Class Code

Additionally, we are obligated to deduct the following fees/assessments which appear on your policy, just as we did last policy term. We will deduct these payments on the payroll that runs on or after 08/01/2014.

Type	Total Amount
CA-SWCFA-Fraud Investigation & Prosecution Surchg	\$15.00
CA-SWCAS-WC Administrative Surcharge	\$73.00
CA-CIGA-California Insurance Guarantee	\$135.00
CA-UEBTF - Uninsured Employers	\$10.00
CA-SIBTF - Subsequent Injuries	\$8.00
CA OSHF Assessment	\$13.00
Labor Enforcement and Compliance Employers - CA	\$15.00