



AFFIDAVIT OF REJECTION OF COVERAGE

**Affidavit of Rejection of Coverage for Workers' Compensation
Owner/Officer or Manager of an LLC under NRS 616B.624 and
NRS 617.207**

STATE OF NEVADA)

) ss.

_____ COUNTY)

_____,
(type declarant's name)

1. I make the following assertions pursuant to NRS 616B.624 and NRS 617.207.
2. I am an officer or manager of a quasi-public or non-profit corporation, a private corporation or limited liability company who does not receive pay for services performed as an officer, manager or employee of the corporation or company; or

Please check if the above statement applies

3. I am a s officeno, p mpe s of a opr licor or , mpanf arotai aBlowols noapasfirnf edlloyceswif thn