

N/E

DOC # 0669620  
03/10/2006 11:19 AM Deputy: KLJ  
OFFICIAL RECORD  
Requested By:  
D C/PARKS & RECREATION

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 16 Fee: 0.00  
BK-0306 PG- 3614 RPTT: 0.00



Assessor's Parcel Number: N/A

Date: MARCH 10, 2006

Recording Requested By:

✓ Name: PARKS & RECREATION

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Real Property Transfer Tax: \$ N/A

CONTRACT #2006.053  
(Title of Document)



DIRECTOR: Scott Morgan

▲ **Parks**  
1325 Waterloo Lane  
Gardnerville, NV 89410  
(775) 782-9835  
FAX: (775) 782-5799

▲ **Recreation**  
1327 Waterloo Lane  
Gardnerville, NV 89410  
(775) 782-9828  
FAX: (775) 782-9844

▲ **Lake Tahoe**  
Kahle Community Center  
236 Kingsbury Grade  
Stateline, NV 89449  
(775) 586-7271  
FAX: (775) 586-7273

MAIL: P.O. Box 218, Minden, NV 89423

## CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

A contract between  
Douglas County Parks and Recreation Department  
and

Name: Tombleweeds Gymnastics  
Address: 811 Short ct. Unit B.  
Gardnerville, NV 89460  
Phone: 775-265-9496

The parties agree to the following terms:

1. **Service and Payment.** The parties agree that the services to be performed are as follows:

Course Title	<u>Tiny Tumblers</u>
Date of Course	<u>1106 - 4/30/06</u>
Class Fee	<u>\$55</u>
Percentage or Other Fee Paid To Instructor	<u>80%</u>
Special Equipment Requested	
Other	

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2006 MAR 10 AM 9:16  
SARAH REED  
CLERK  
10-2006-053

2. **The Contractor agrees to:**

- Begin and end classes as scheduled.
- Leave classroom/facility as found, in a neat and presentable condition.
- Return all equipment used by the instructor and class participants to its proper place of storage.
- Supply all materials other than those named in the Instructor Agreement.
- Call the Parks & Recreation Department at least (2) days prior to class starting date to verify enrollment.
- Arrange to receive class rosters.
- Organize, plan, and teach the program as described in the Department's Activity Guide and on the Class Outline Form.
- Promote the activity for which he/she is contracted to teach. It is required, however, that all promotional materials prepared by the instructor be approved by the Department in advance of distribution to the public.



BK- 0306  
PG- 3615  
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1325 Waterloo Lane  
Gardnerville, NV 89410  
(775) 782-9835  
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DIRECTOR: Scott Morgan

MAIL: P.O. Box 218, Minden, NV 89423

## CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

A contract between  
Douglas County Parks and Recreation Department  
and

Name: Tumbleweeds Gymnastics  
Address: 710 Short Ct Unit B  
Gardnerville, NV 89460  
Phone: 775-265-9496

The parties agree to the following terms:

1. **Service and Payment.** The parties agree that the services to be performed are as follows:

Course Title Tumbleweeds Rec. Classes  
Date of Course 5/1/06 - 8/31/06  
Class Fee \$55  
Percentage or Other Fee Paid To Instructor 80%  
Special Equipment Requested \_\_\_\_\_  
Other \_\_\_\_\_

2. **The Contractor agrees to:**

- Begin and end classes as scheduled.
- Leave classroom/facility as found, in a neat and presentable condition.
- Return all equipment used by the instructor and class participants to its proper place of storage.
- Supply all materials other than those named in the Instructor Agreement.
- Organize, plan, and teach the program as described in the Department's Activity Guide and on the Class Outline Form.
- Promote the activity for which he/she is contracted to teach. It is required, however, that all promotional materials prepared by the instructor be approved by the Department in advance of distribution to the public.
- Instructors are not to sell merchandise or promotion items without prior approval from the Department.
- If, for any reason, the instructor must cancel a class, it is the instructor's responsibility to make up the class at a later date. The Department must be notified of any cancellations. If less than (24) hours



BK- 0306  
PG- 3616



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DIRECTOR: Scott Morgan

MAIL: P.O. Box 218, Minden, NV 89423

## CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

A contract between  
Douglas County Parks and Recreation Department  
and

Name: Bo Tumbleweeds Gymnastics  
Address: 811 Shortcut Unit B  
G.ville NV 89410  
Phone: 775-265-9496

The parties agree to the following terms:

1. **Service and Payment.** The parties agree that the services to be performed are as follows:

Course Title Tumble Twisters  
Date of Course 5/1/06 - 8/30/06  
Class Fee \$55-  
Percentage or Other Fee Paid To Instructor 80%  
Special Equipment Requested \_\_\_\_\_  
Other \_\_\_\_\_

2. **The Contractor agrees to:**

- Begin and end classes as scheduled.
- Leave classroom/facility as found, in a neat and presentable condition.
- Return all equipment used by the instructor and class participants to its proper place of storage.
- Supply all materials other than those named in the Instructor Agreement.
- Organize, plan, and teach the program as described in the Department's Activity Guide and on the Class Outline Form.
- Promote the activity for which he/she is contracted to teach. It is required, however, that all promotional materials prepared by the instructor be approved by the Department in advance of distribution to the public.
- Instructors are not to sell merchandise or promotion items without prior approval from the Department.
- If, for any reason, the instructor must cancel a class, it is the instructor's responsibility to make up the class at a later date. The Department must be notified of any cancellations. If less than (24) hours



BK- 0306  
PG- 3617



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## CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

A contract between  
Douglas County Parks and Recreation Department  
and

Name: Tumbleweeds Gymnastics  
Address: 811 Short Ct Unit B  
6.ville, NV 89460  
Phone: 775-265-9496

The parties agree to the following terms:

1. **Service and Payment.** The parties agree that the services to be performed are as follows:

Course Title Tumble Tots Gymnastics  
Date of Course Tumbleweeds Staff (3/1/00 - 8/30/00)  
Class Fee \$55 -  
Percentage or Other Fee Paid To Instructor 80%  
Special Equipment Requested \_\_\_\_\_  
Other \_\_\_\_\_

2. **The Contractor agrees to:**

- Begin and end classes as scheduled.
- Leave classroom/facility as found, in a neat and presentable condition.
- Return all equipment used by the instructor and class participants to its proper place of storage.
- Supply all materials other than those named in the Instructor Agreement.
- Organize, plan, and teach the program as described in the Department's Activity Guide and on the Class Outline Form.
- Promote the activity for which he/she is contracted to teach. It is required, however, that all promotional materials prepared by the instructor be approved by the Department in advance of distribution to the public.
- Instructors are not to sell merchandise or promotion items without prior approval from the Department.
- If, for any reason, the instructor must cancel a class, it is the instructor's responsibility to make up the class at a later date. The Department must be notified of any cancellations. If less than (24) hours





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## CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

A contract between  
Douglas County Parks and Recreation Department  
and

Name: Tumbleweeds Gymnastics  
Address: 811 Short Ct Unit B  
Gardnerville, NV 89460  
Phone: 775-265-9496

The parties agree to the following terms:

1. **Service and Payment.** The parties agree that the services to be performed are as follows:

Course Title Tiny Tumblers

Date of Course Tumbleweeds Staff (5/1/06-8/30/06)

Class Fee \$55

Percentage or Other Fee Paid To Instructor 80%

Special Equipment Requested \_\_\_\_\_

Other \_\_\_\_\_

2. **The Contractor agrees to:**

- Begin and end classes as scheduled.
- Leave classroom/facility as found, in a neat and presentable condition.
- Return all equipment used by the instructor and class participants to its proper place of storage.
- Supply all materials other than those named in the Instructor Agreement.
- Organize, plan, and teach the program as described in the Department's Activity Guide and on the Class Outline Form.
- Promote the activity for which he/she is contracted to teach. It is required, however, that all promotional materials prepared by the instructor be approved by the Department in advance of distribution to the public.
- Instructors are not to sell merchandise or promotion items without prior approval from the Department.
- If, for any reason, the instructor must cancel a class, it is the instructor's responsibility to make up the class at a later date. The Department must be notified of any cancellations. If less than (24) hours



BK- 0306  
PG- 3619



DIRECTOR: Scott Morgan

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MAIL: P.O. Box 218, Minden, NV 89423

## CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

A contract between  
Douglas County Parks and Recreation Department  
and

Name: Tumbleweeds Gymnastics  
Address: 211 Short St Unit B  
Gardnerville NV 89460  
Phone: 775 265-9496

The parties agree to the following terms:

1. **Service and Payment.** The parties agree that the services to be performed are as follows:

Course Title: Tumbleweeds Birthday Party's  
Date of Course: May - Aug 2006  
Class Fee: \$150-  
Percentage or Other Fee Paid To Instructor: 80%  
Special Equipment Requested: \_\_\_\_\_  
Other: \_\_\_\_\_

2. **The Contractor agrees to:**

- Begin and end classes as scheduled.
- Leave classroom/facility as found, in a neat and presentable condition.
- Return all equipment used by the instructor and class participants to its proper place of storage.
- Supply all materials other than those named in the Instructor Agreement.
- Organize, plan, and teach the program as described in the Department's Activity Guide and on the Class Outline Form.
- Promote the activity for which he/she is contracted to teach. It is required, however, that all promotional materials prepared by the instructor be approved by the Department in advance of distribution to the public.
- Instructors are not to sell merchandise or promotion items without prior approval from the Department.
- If, for any reason, the instructor must cancel a class, it is the instructor's responsibility to make up the class at a later date. The Department must be notified of any cancellations. If less than (24) hours





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DIRECTOR: Scott Morgan

MAIL: P.O. Box 218, Minden, NV 89423

## CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

A contract between  
Douglas County Parks and Recreation Department  
and

Name: Tumbleweed's Gymnastics  
Address: 811 Short Ct, Unit B  
Gardnerville, NV 89460  
Phone: 775-265-9496

The parties agree to the following terms:

1. **Service and Payment.** The parties agree that the services to be performed are as follows:

Course Title Tumbleweeds Home School Class  
Date of Course Jan - Aug 2006  
Class Fee \$55  
Percentage or Other Fee Paid To Instructor 80%  
Special Equipment Requested \_\_\_\_\_  
Other \_\_\_\_\_

2. **The Contractor agrees to:**

- Begin and end classes as scheduled.
- Leave classroom/facility as found, in a neat and presentable condition.
- Return all equipment used by the instructor and class participants to its proper place of storage.
- Supply all materials other than those named in the Instructor Agreement.
- Call the Parks & Recreation Department at least (2) days prior to class starting date to verify enrollment.
- Arrange to receive class rosters.
- Organize, plan, and teach the program as described in the Department's Activity Guide and on the Class Outline Form.
- Promote the activity for which he/she is contracted to teach. It is required, however, that all promotional materials prepared by the instructor be approved by the Department in advance of distribution to the public.



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- Verify that all participants attending your program are enrolled in the class.
- Advise the Department, after the first class meeting, regarding the accuracy of the class roster and regarding non-registered attendees. Payment of your fees is dependent upon this information. Updated rosters will be provided when requested.
- Other than collecting an advertised supply fee, instructors may not accept fees at any time. A contract may be terminated in the event any payment is accepted from participants.
- Instructors are not to sell merchandise or promotion items without prior approval from the Department.
- If, for any reason, the instructor must cancel a class, it is the instructor's responsibility to make up the class at a later date. The Department must be notified of any cancellations. If less than (24) hours notice is given, the instructor may be asked to assist in calling the class participants to confirm the cancellation.
- Take full responsibility for any keys, that may be signed out to you. In the event a key is lost, the Contractor agrees to pay a charge to replace the key and/or to re-key a classroom/facility.
- Satisfaction Guarantee request may be granted if a participant is not completely satisfied with the program after attending the first class. Participants may repeat the class at no charge, receive full credit that can be applied to other programs or receive a full refund.
- If any changes are made to your class, a new Instructor Agreement must be completed.
- For youth programs the instructor agrees to a background check.
- For youth programs instructor is responsible for care of participants until they have been released to a responsible party.

**3. The Department agrees to:**

- Announce course and handle related promotional activities.
- Manage registration and provide instructor with a class roster.
- Arrange for any equipment, as needed, in accordance with the Agreement.
- Provide a classroom/facility for your program. Note: Circumstances may require cancellation or rescheduling of a class or room. The instructor will be given as much notice as possible.
- Mail class evaluations to participants and prepare an evaluation at least once a year.
- Pay your class percentage in a timely manner after the completion of the class.

**4. Both parties agree:**

- The Department may contract with other instructors to conduct classes in the same subject matter if public interest and demand warrant, or for other circumstances as deemed appropriated by the Department.
- The Department understands and agrees that lesson plans and manuals as provided by instructors, are the property of the instructor and the Department shall not use this material for purpose of its own, without written consent.

**5. Effective Date of Contract.** This contract will become effective upon execution by the Department.

**6. Independent Contractor Status.** The parties agree that Contractor shall have the status of an independent contractor and that this contract, by explicit agreement of the parties, incorporates and applies the provisions of NRS 284.173, as necessarily adapted, to the parties, including that Contractor is not a County employee and that there shall be no:

- (1) Withholding of income taxes by the County;
- (2) Industrial insurance coverage provided by the County;
- (3) Participation in group insurance plans which may be available to employees of the County;
- (4) Participation or contributions by either the independent contractor or the County to the public employees retirement system;
- (5) Accumulation of vacation leave or sick leave;
- (6) Unemployment compensation coverage provided by the County if the requirements of NRS 612.085 for independent contractors are met.

**7. Industrial Insurance.** A. Unless the Contractor complies with ¶ B below, Contractor further agrees, as a precondition to the performance of any work under this contract and as a precondition to

any obligation of the County to make any payment under this contract, to provide the County with a work certificate issued by a qualified insurer in accordance with NRS § 616B.627. Contractor agrees, prior to commencing any work under the contract, to complete and to provide the following written request to the qualified insurer:

(Company Name) has entered into a contract with Douglas County to perform work from (starting date) to (ending date) and requests that an industrial insurance provider qualified and licensed to offer such insurance within Nevada, provide to Douglas County 1) a certificate of coverage issued pursuant to NRS § 616B.627 and 2) notice of any lapse in coverage or nonpayment of coverage that the contractor is required to maintain. The certificate and notice should be mailed to:

Douglas County Manager  
Post Office Box 218  
Minden, Nevada 89423

Contractor agrees to maintain required workers compensation coverage throughout the entire term of the contract. If contractor does not maintain coverage throughout the entire term of the contract, contractor agrees that County may, at any time the coverage is not maintained by contractor, order the contractor to stop work, suspend the contract, or terminate the contract.

B. Contractor may, in lieu of furnishing a certificate of an insurer, provide an affidavit indicating that he is a sole proprietor and that:

- (1) In accordance with the provisions of NRS 616B.659, has not elected to be included within the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS; and
- (2) Is otherwise in compliance with those terms, conditions and provisions.

8. **Termination of Contract.** This contract may be revoked without cause by the Department at any time.

9. **Construction of Contract.** This contract shall be construed and interpreted according to the laws of the State of Nevada.

10. **Assignment.** Contractor shall neither assign, transfer nor delegate any rights, obligations or duties under this contract without the prior written consent of the County.

11. **Indemnification.** Contractor agrees to indemnify and save and hold the County, its agents and employees harmless from any and all claims, causes of action or liability arising from the performance of this contract by Contractor or Contractor's agents or employees.

12. **Modification of contract.** This contract constitutes the entire contract between the parties and may only be modified by a written amendment signed by the parties.

IN WITNESS WHEREOF, the parties hereto have caused this contract to be signed and intend to be legally bound thereby.

Wesley Wa \_\_\_\_\_ 2/15/06  
Contractor (Date)

B. H. D. \_\_\_\_\_ 3/7/06  
Parks & Recreation Department (Date)

AFFIDAVIT

I, Nicole Warren, on behalf of my company, Tombweeds Gymnastics  
being duly sworn, depose and declare:

- 1) I am a Sole Proprietor;
- 2) I will not use the services of any employees in the performance of this contract;
- 3) I have elected to not be included in the terms, conditions, and provisions of NRS Chapters 616A- 616D, inclusive; and
- 4) I am otherwise in compliance with the terms, conditions and provisions of NRS chapters 616A-616D.

I release Douglas County and Douglas County from all liability associated with claims made against me and my company, in the performance of this contract, that relate to compliance with NRS Chapters 616A-616D, inclusive.

Signed this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

State of Nevada  
County of Douglas

On this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before the undersigned Notary Public, personally appeared \_\_\_\_\_ having proved on a satisfactory basis to be the person whose name is subscribed to this instrument and acknowledge that \_\_\_\_\_ executed it.

Witness my hand and official seal.

\_\_\_\_\_  
Notary's Signature





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PARTNERS, OFFICERS, AND OTHERS EXCLUSION  
ENDORSEMENT**

**Policy Number: 76 WEG NS0517**

**Endorsement Number: 02**

**Effective Date: 10/03/05**

Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address: TUMBLEWEEDS 4 KIDS INC**

811 SHORT CT UNIT B  
GARDNERVILLE, NV 89460

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

**SCHEDULE**

**Partners**

**Officers**

**Others**

**NICOLE WARREN**

Countersigned by \_\_\_\_\_  
Authorized Representative

Form WC 00 03 08 Printed in U.S.A.  
Process Date: 10/27/05

Policy Expiration Date: 10/01/06

TOTAL P.05

16497

2100076NS05170306





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CHANGE IN INFORMATION PAGE**

INSURER: HARTFORD UNDERWRITERS INSURANCE COMPANY

NCCI Company Number: 10456

AUDIT PERIOD: ANNUAL

POLICY EFFECTIVE DATE: 10/01/05

POLICY EXPIRATION DATE: 10/01/06

Policy Number: 76 WEG NS0517

Endorsement Number: 02

HOUSING CODE: 76

Effective Date: 10/03/05

Effective hour is the same as stated in the information Page of the policy.

Named Insured and Address: TUMBLEWEEDS & KIDS INC

811 SHORT CT UNIT B  
GARDNERVILLE, NV 89460

FEIN Number: 201322088

PRO RATA FACTOR: .995

PRODUCER NAME: PAYCHEX AGENCY, INC

PRODUCER CODE: 210705

It is agreed that the policy is amended as follows:

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT.

THIS IS NOT A BILL.

IN CONSIDERATION OF NO CHANGE IN PREMIUM IT IS AGREED THAT:

LEGAL ENTITY OF THE NAMED INSURED IS AMENDED TO READ:

CORPORATION

NAMED INSURED IS AMENDED TO READ FOR INSURED 01  
TUMBLEWEEDS & KIDS INC

FORM NUMBERS OF ENDORSEMENTS ADDED TO THIS POLICY AT ENDORSEMENT  
ISSUE: WC000308

FORM NUMBERS OF ENDORSEMENTS REVISED AT ENDORSEMENT  
ISSUE: G2240 2D

Countersigned by \_\_\_\_\_

Authorized Representative

Form WC 99 00 06 A (1) Printed in U.S.A.  
Process Date: 10/27/05

Page 1 (CONTINUED ON NEXT PAGE)  
Policy Expiration Date: 10/01/06

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BK- 0306  
PG- 3626

16496

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**INFORMATION PAGE (Continued)**

**Policy Number: 76 WEG NS0517**

**3. A. Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: **NY**

**B. Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

<b>Bodily injury by Accident</b>	<b>\$100,000</b>	<b>each accident</b>
<b>Bodily injury by Disease</b>	<b>\$500,000</b>	<b>policy limit</b>
<b>Bodily injury by Disease</b>	<b>\$100,000</b>	<b>each employee</b>

**C. Other States Insurance:** Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT ND, OH, WA, WV, WY, AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

**D. This policy includes these endorsements and schedule:**

WC 00 04 20 WC 00 04 21 1G2240 2D WC 00 01 12 WC 00 04 19  
 WC 27 06 01A

**4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.**

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
9063 EXERCISE OR HEALTH INSTITUTE & CLERICAL	44,100	1.14	503
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			503
EXPENSE CONSTANT (0900)			210
TERRORISM RISK INS ACT OF 2002 (9740)	44,100	.030	13
DTEC (9741)	44,100	.010	4
TOTAL ESTIMATED ANNUAL PREMIUM			730

**Total Estimated Annual Premium: \$730**  
**Deposit Premium:**  
**Policy Minimum Premium: \$353 NY**

**Interstate/Intrastate Identification Number:**

**Labor Contractors Policy Number:**

**SIC: 7991**  
**UIN:**  
**NO. OF EMP: 000005**

**Form WC 00 00 01 A (1) Printed in U.S.A.**  
**Process Date: 08/21/05**

**Page 2**  
**Policy Expiration Date: 10/01/06**

\*2100076NS05170101 14206



17 (Policy Provisions: WC 00 00 00 A)

05

NS INFORMATION PAGE

WEG WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD UNDERWRITERS INSURANCE COMPANY  
HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115

NCCI Company Number: 10456

Company Code: 6



14205

\*2100076NS05170101



POLICY NUMBER: 76 WEG NS0517  
Previous Policy Number: 76 WEG NS0517

Summ  
LARG RENEWAL  
07

HOUSING CODE: 76

1. Named Insured and Mailing Address: NICOLE WARREN DBA  
(No., Street, Town, State, Zip Code)

(SEE ENDT)

811 SHORT CT UNIT B  
GARDNERVILLE, NV 89460

(775) 265-9496

FEIN Number: 753032544

State Identification Number(s):

The Named Insured is: INDIVIDUAL  
Business of Named Insured: PHYSICAL FIT FACILITY NO POOL  
Other workplaces not shown above: 811 SHORT CT UNIT B GARDNERVILLE, NV 89460

2. Policy Period: From 10/01/05 To 10/01/06  
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: PAYCHEX AGENCY, INC

308 FARMINGTON AVE  
FARMINGTON, CT 06032

Producer's Code: 210705

Issuing Office: THE HARTFORD  
308 FARMINGTON AVE  
FARMINGTON CT 06032  
(877) 287-1312

Total Estimated Annual Premium: \$730

Deposit Premium:

Policy Minimum Premium: \$353 NV

Audit Period: ANNUAL Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Authorized Representative

Date

Form WC 00 00 01 A (1) Printed in U.S.A.  
Process Date: 08/21/05

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The document to which this certificate is attached is a full, true and correct copy of the original on file and on record in my office.

DATE: March 10, 2006

B. Reed Clerk of the 34 Judicial District Court of the State of Nevada, in and for the County of Douglas.

By John M. Mullock Deputy



BK- 0306  
PG- 3629