This is to certify that I, ________________________________, of ________________________________, am an employer in the State of New Mexico, who, pursuant to Section 52-1-6 NMSA 1978, ACCEPT the provisions of the New Mexico Workers' Compensation and Occupational Disease Disablement Law. I/We hereby elect to be included in the definition of employer and employee for the purpose of entitlement to the benefits under the law.

Unemployment Insurance Number: ________________________________

Federal Employer Identification Number: ________________________________

Signature: ________________________________ Date: ________________________________

Title: ________________________________

STATE OF ________________________________ ss.

COUNTY OF ________________________________

The foregoing instrument was subscribed and sworn to before me this ______ day of ______, ______.

________________________________________

(My commission expires: ________________________________

(NOTARY PUBLIC)