

WORKER'S COMPENSATION EXEMPTION FORM FOR SOLE PROPRIETOR

Business Owner Information:

Full Name (Business Owner): Roxanne Harris

Business Name: ER Recovery

Business Address: 1620 Bearanger Attica MI 48412

Phone Number: 810.245.2650

Email: cameronroxanne86@gmail.com

Date of Birth: 09/28/1986

Social Security Number (Optional): \_\_\_\_\_

Business Information:

Business Type: Sole Proprietorship

Employer Identification Number (EIN): 80-0504020