

NOTICE

The undersigned, an employer within the meaning of the Workers' Compensation Law of the State of Michigan, hereby gives notice to their employees that they have secured the payment of Compensation to their employees and their dependents in accordance with the provisions of said law, by insuring with

**Pacific Indemnity Company
455 MARKET STREET
SUITE 500
SAN FRANCISCO, CA 94105**

CALIFORNIA COLLEGE OF THE ARTS

Employer

Dated 10/10/2023

By 