

RESOLUTION NO.: 2012-13-3 DATED: September 10, 2012

**A RESOLUTION AUTHORIZING APPLICATION  
TO THE DIRECTOR OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA  
FOR A CERTIFICATE OF CONSENT TO SELF INSURE  
WORKERS' COMPENSATION LIABILITIES**

At a meeting of the Associated Students Council  
(enter title)

of the Associated Students of Humboldt State University,  
(enter name of public agency, district)

a non-profit corporation organized and existing under the laws of the State of California,  
(enter type of agency)

held on the 10 day of September, 2012 the following resolution  
was adopted:

**RESOLVED, that the** General Manager  
(enter position titles)

**be and they are hereby severally authorized and empowered to make application to the Director of Industrial  
Relations, State of California, for a Certificate of Consent to Self Insure workers' compensation liabilities  
on behalf of the**

Associated Students of Humboldt State University  
(enter name of district)

**and to execute any and all documents required for such application.**

I, Ellyn Henderson, the undersigned President  
(enter name) (enter title)

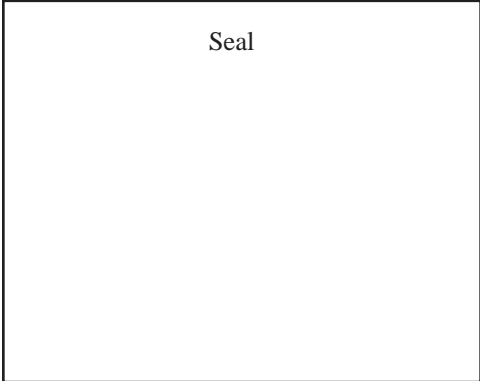
of the Council of the Associated Students of Humboldt State University,  
(enter name of agency)

a non-profit corporation, hereby certify that I am the President  
(enter type of agency) (enter title)

of the AS Council of the Associated Students Council of Humboldt State Univer  
(enter type of agency), that the foregoing is a full, true and correct copy of the

resolution duly passed by the Board at the meeting of said Board held on the day and at the place therein specified  
and that said resolution has never been revoked, rescinded, or set aside and is now in full force and effect.

**IN WITNESS WHEREOF: I HAVE SIGNED MY NAME AND AFFIXED THE SEAL OF THIS**



Associated Students of Humboldt State University,  
(enter type of agency)

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_.

ORIGINAL SIGNATURE ON FILE IN AS OFFICE

\_\_\_\_\_  
(Signature)