

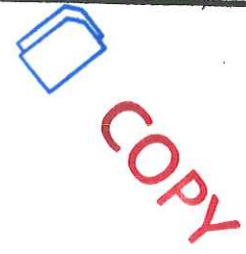
**IMPORTANT NOTICE
REGARDING YOUR INTEREST IN THE INSURANCE POLICY IDENTIFIED BELOW**

NAME AND ADDRESS OF INSURANCE COMPANY
West Bend Mutual Insurance Company
1900 S. 18th Avenue
West Bend, WI 53095

NAME AND ADDRESS OF INSURED
Cedar Valley Corp., LLC
2637 Wagner Rd
Waterloo, IA 50703

KIND OF POLICY: Workers Compensation Policy	
POLICY/APPLICATION/BINDER NO.: A828488 02 / 1000265393	
EFFECTIVE DATE OF NOTICE: 02/21/2023 (DATE) 12:01 AM (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)	
DATE OF MAILING: 02/06/2023	
NAME AND ADDRESS OF AGENT/BROKER: HOLMES MURPHY & ASSOCIATES 2727 GRAND PRAIRIE PKWY WAUKEE, IA 50263 14437	
515-223-6800	

Agenda Item # 23c
Date 2/22/23



(Specific information concerning the cancellation or nonrenewal has been given to the Insured.)

You are notified that the above policy is cancelled or nonrenewed in accordance with the conditions of the policy. This notice is effective on and after the hour and date mentioned above. This notice is being provided to you as you have been identified as a Mortgagee, Loss Payee, Lienholder, Additional Interest or Certificate Holder on the above policy. Any interest you may have in the above policy is terminated.

Christopher C. Zurgart
Authorized Representative

Reference Number:

NAME AND ADDRESS OF NOTICE RECIPIENT
Dodge County Nebraska
435 N Park Ave
FREMONT, NE, 68025-4977

2023 FEB 14 AM 11:30
FACSIMILE
NOV 15 2023 10:00 AM