

**CERTIFICATE OF INSURANCE**  
**CARRIES LEGAL LIABILITY INSURANCE**

This certificate is issued as a matter of information only. This certificate does not effect coverage and it does not amend, extend or alter the coverage afforded by the policy below.

INSURER	INSURED	AGENT
<b>INSURER</b> LI JOE PAPER CO. 500 W. South Street, Edward 18 EDW 48 000 140	<b>INSURED</b> Wilson - Domestic products, s.a. Transpacific rd 1 611 N. Nevada, Nevada EDW 48 011 100 4 pmw any country INC 00000000 Certificate #00000000 0000000000000000	<b>AGENT</b> POINFO S.P.A. 600 W. South Street, Nevada Edward 18 EDW 48 000 140 Telephone: +377-832 710 000

**COVERAGES**

This is to certify that the policy under which coverage is carried, legal liability has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, with or without of any contract or other document which may be issued, this certificate may be issued or may expire, the coverage afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. The first effective date has been indicated by each coverage.

<b>DESCRIPTION</b>	Transpacific rd 1, coverage of liability third
<b>INSURANCE</b>	1 - 100 000
<b>INSURANCE PERIOD</b>	1 - 10 1993
<b>INSURANCE PERIOD</b>	1 - 10 1993
<b>COVERAGE</b>	For CDR 20. Insurance cover under is not been notified by Corporation of the insured to the insurance coverage of liability third. All other as follows, conditions and 000 000000

<b>DESCRIPTION</b>	For CDR 000000
<b>INSURANCE</b>	NZ 224 1A, NZ 880 FC, NZ 137 BR, NZ 457 BR, NZ 448 BR, NZ 717 713, NZ 576 BR, NZ 551 BR, NZ 351 GV, NZ 704 GV, NZ 894 040, NZ 857 GE, NZ 144 731, NZ 561 CL, NZ 350 CH, NZ 178 BR, NZ 434 BR, NZ 424 BR, NZ 351 BR, NZ 576 BR, NZ 409 BR, NZ 960 BR, NZ 646 BR, NZ 897 BR, NZ 899 BR, NZ 316 BR, NZ 149 BR, NZ 125 1A, NZ 891 BR, NZ 692 GC, NZ 413 BR, NZ 839 BR, NZ 917 BR

Authorized representative

Signature and stamp

**POINFO S.P.A.**  
 Nevada Edward 18  
 500 W. South Street  
 EDW 48 000 140

Name of the Insured

Name of the Insured

Signature and Stamp of Insured

Date of Issue