

MARLENE MCNEAL

Legal Assistant I

New York State Department of Labor

Harriman State Office Campus

Building 12, Room 509, Albany, NY 12240

P: (518) 485-2191 | Fax: (518) 485-1819

www.labor.ny.gov | foil@labor.ny.gov

August 3, 2022

Julio Sharp-Wasserman

Sent via email

Re: Freedom of Information Law (FOIL) Request / Our File No.: FI-22-0355

Dear Julio Sharp-Wasserman:

This letter is in response to your request for New York State Department of Labor records dated May 13, 2022, in which you requested:

Applications and associated documents submitted to the Department of Labor pursuant to NYLL Section 191(l)(a)(ii) for an authorization to pay employees less frequently than weekly, by the following companies: IBM International Business Machines Corporation Michael Stores, Inc. Best Buy Co., Inc. & LLC Zara USA, Inc. Whole Foods Markets Group Ulta Salon, Cosmetics & Fragrances, Inc. Regeneron Pharmaceuticals, Inc. ADP, Inc. Ballys Total Fitness Corporation GEICO SNORAC, LLC. d/b/a Enterprise Rent-A-Car. Documents reflecting the written decisions and related analyses by the Department of Labor in response to the applications identified in Request 1. Applications and associated documents submitted to the Department of Labor pursuant to NYLL Section 191(a)(ii) for an authorization to pay employees less frequently than weekly, for any company for which the Department of Labor has denied such application in the last 10 years. Documents reflecting the written decisions and related analyses by the Department of Labor in response to the applications identified in Request 3.

The Department conducted a diligent search based on the information provided and located 463 page of records which are attached.

You may submit a written appeal of this decision within 30 days by mail to: Commissioner of Labor, New York State Department of Labor, Harriman State Office Campus, Building 12, Room 500, Albany, NY 12240. You must state a basis for appeal, attach a copy of this letter, and mark the letter and envelope as "FOIL Appeal."

Very truly yours,

Jill Archambault
Records Access Officer

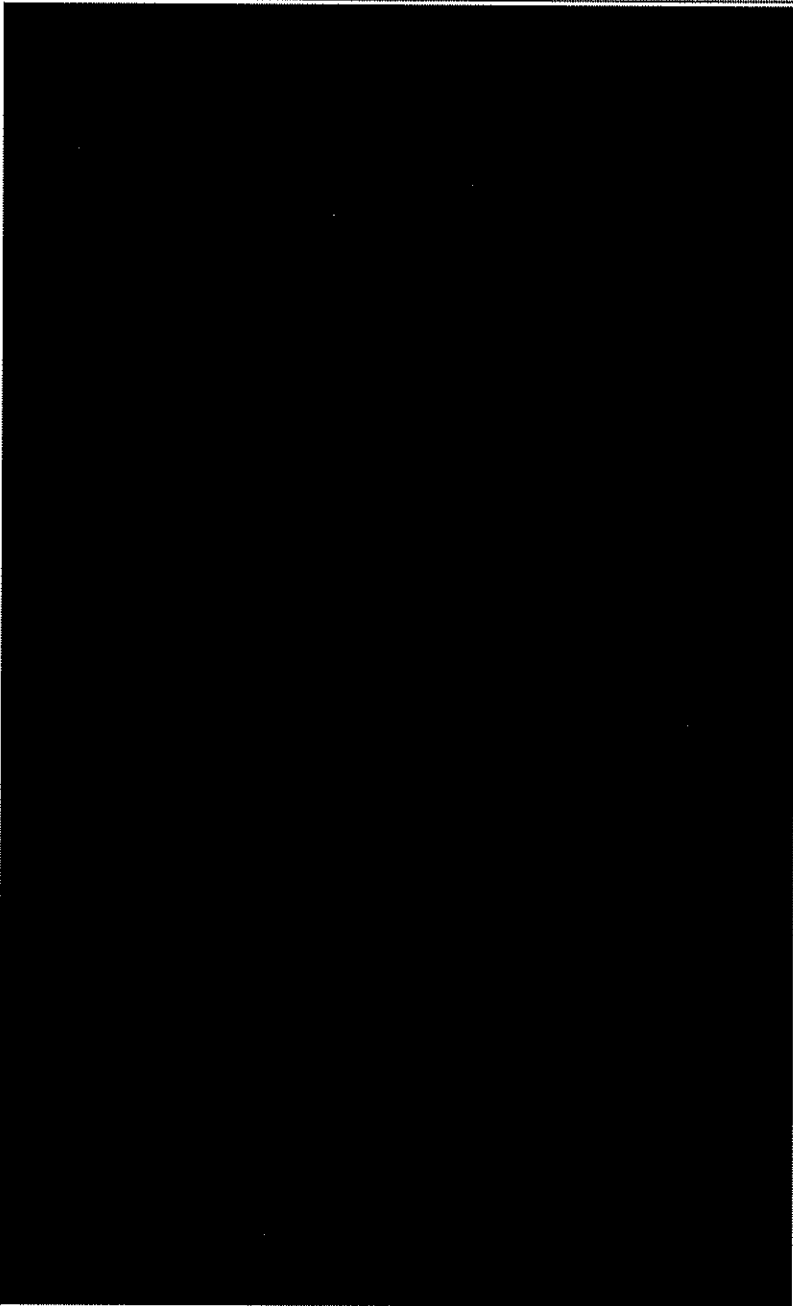


By: Marlene McNeal
Legal Assistant I

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	1404
CONNECTION TEL	15165053548
CONNECTION ID	NY STATE DEPT LA
ST. TIME	11/09 12:55
USAGE T	01'44
PGS. SENT	6
RESULT	OK



STATE OF NEW YORK
DEPARTMENT OF LABOR

DATE: November 9, 2000

TELEFAX TRANSMITTAL FORM

PLEASE DELIVER TO: Supervisor Ben Simonetti

FROM: Ellen Davidow
Supervisor, Administrative Services Unit
Division of Labor Standards
345 Hudson Street, P.O. Box 675, NY, NY 10014-0675
PHONE: (212) 352-6044 FAX: (212) 352-6188

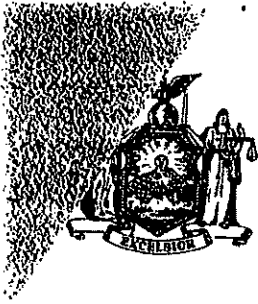
SUBJECT: MANUAL WORKER PAY PERIOD EXTENSION

COMMENTS:

Attached are the documents we discussed.

NUMBER OF PAGES BEING TRANSMITTED: 6 (including cover sheet)

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STATE OF NEW YORK
DEPARTMENT OF LABOR
Division of Labor Standards
PO Box 675
New York, NY 10014-0675

October 18, 2000

Mark Tabakman, Esquire
Grotta, Glassman & Hoffman, P.A.
Counsellors At Law
75 Livingston Avenue
Roseland, NJ 07068-3701

Dear Mr. Tabakman:

This is in response to your October 13, 2000 letter wherein you stated that your client, *Bally Total Fitness Corporation*, and *Balley's Health & Tennis Corporation* (the enterprise which, on January 13, 1994 requested - and on June 13, 1994 received -- permission from the Commissioner of Labor to pay its manual workers on a semi-monthly basis) "are identical." You further explained that solely the name of the organization was changed "to present a more 'modern' image and for reasons of more readily attracting customers." If, indeed, as you assert, *Bally Total Fitness Corporation* and *Bally's Health & Tennis Corporation* are the same legal entity, then your client may lawfully pay its manual workers "eight (8) days after the close of the pay period, rather than the statutorily mandated seven (7) days" without further authorization.

I trust the foregoing will provide the confirmation your correspondence elicited.

Sincerely,

E. Davidow
Supervising Labor Standards Investigator
Administrative Services Unit



STATE OF NEW YORK
DEPARTMENT OF LABOR

Governor W. Averell Harriman
State Office Building Campus
Albany, New York 12240

JOHN F. HUDACS
Commissioner of Labor

June 13, 1994

Ms. Julie Adams
Vice President Controller
Health & Tennis Corporation of America
One Century Plaza - Suite 2810
2029 Century Park East
Los Angeles, California 90067

Dear Ms. Adams:

I am in receipt of your recent correspondence with appropriate attachments on behalf of Health & Tennis Corporation of America requesting authorization to pay its manual worker employees in New York State on a semi-monthly basis pursuant to New York State Labor Law Section 191.1a (ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Health & Tennis Corporation of America has satisfied all the conditions enumerated in the Statute. The firm has employed 1000 or more persons in the State for the three years preceding its application, has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a (ii).

Therefore, I hereby grant authorization for Health & Tennis Corporation of America to pay wages to its manual workers employed in New York State on a semi-monthly basis.

Sincerely,

John F. Hudacs

JFH:RJP:mac

bcc: T. Hines
R. Gollnick
R. Polsinello ✓

*cc: Mr. Mrozak
Chief Investigator
Mr. Fausti ✓*



RECEIVED
DEPARTMENT OF LABOR
DIVISION OF LABOR STANDARDS
ALBANY, NY 12240
JUN 15 1994

DIRECTOR'S OFFICE

Bally's

HEALTH & TENNIS CORPORATION

One Century Plaza • Suite 2810

2029 Century Park East

Los Angeles, California 90067

Phone 310-552-6941

April 12, 1994

Mr. Randolph Fauske
Supervisor
Administrative Services Unit
New York Department of Labor
One Main Street
Brooklyn, NY 11201

Re: Application for Manual Pay Period Extension
Health & Tennis Corporation of America
ER #: [REDACTED]

Dear Mr. Fauske,

Enclosed is the letter provided by the Unemployment Insurance Division stating that there are no outstanding warrants.

If additional information is needed to grant our request to issue paychecks on a biweekly basis, please do not hesitate to contact me at (800) 421-3612.

Sincerely,



Jeff Loranger
Payroll Manager

encl: copy of 3/22/93 request

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	1371	
CONNECTION TEL		19739929125
CONNECTION ID		
ST. TIME	10/18 15:39	
USAGE T	00'34	
PGS. SENT	1	
RESULT	OK	



STATE OF NEW YORK
DEPARTMENT OF LABOR
Division of Labor Standards
PO Box 675
New York, NY 10014-0675

October 18, 2000

Mark Tabakman, Esquire
Grotta, Glassman & Hoffman, P.A.
Counsellors At Law
75 Livingston Avenue
Roseland, NJ 07068-3701

Dear Mr. Tabakman:

This is in response to your October 13, 2000 letter wherein you stated that your client, *Bally Total Fitness Corporation*, and *Bally's Health & Tennis Corporation* (the enterprise which, on January 13, 1994 requested -- and on June 13, 1994 received -- permission from the Commissioner of Labor to pay its manual workers on a semi-monthly basis) "are identical." You further explained that solely the name of the organization was changed "to present a more 'modern' image and for reasons of more readily attracting customers." If, indeed, as you assert, *Bally Total Fitness Corporation* and *Bally's Health & Tennis Corporation* are the **same legal entity**, then your client may lawfully pay its manual workers "eight (8) days after the close of the pay period, rather than the statutorily mandated seven (7) days" without further authorization.

I trust the foregoing will provide the confirmation your correspondence elicited.

Sincerely,

E. Davidow
Supervising Labor Standards Investigator
Administrative Services Unit

STATE OF NEW YORK
DEPARTMENT OF LABOR

DATE: October 18, 2000

TELEFAX TRANSMITTAL FORM

PLEASE DELIVER TO: **Director Richard J. Polsinello**
Room 532

FROM: Ellen Davidow
Supervisor, Administrative Services Unit
Division of Labor Standards
345 Hudson Street, P.O. Box 675, NY, NY 10014-0675
PHONE: (212) 352-6044 FAX: (212) 352-6188

COMMENTS:

If you concur with the attached, I will mail it out today.

NUMBER OF PAGES BEING TRANSMITTED: 4 (including cover sheet)

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GROTTA, GLASSMAN & HOFFMAN, P.A.

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DEPT. OF LABOR STANDARDS
COUNSELLORS AT LAW
75 LIVINGSTON AVENUE

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RICHARD J. DELELLO
MICHAEL BARABANDER
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JED L. MARCUS
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CHERYL J. WELLER

OF COUNSEL
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♦MEMBER NY & CT BARS ONLY

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CENTURY PARK PLAZA
1801 CENTURY PARK EAST
SUITE 2400
LOS ANGELES, CALIFORNIA 90067
(310) 556-8786

October 13, 2000

Ellen Davidow
Supervising Labor Standards Investigator
Administrative Services Unit
Department of Labor
PO Box 675
New York, New York 10014-0675

Re: Bally Total Fitness Corporation

Dear Ms Davidow:

This letter follows our recent telephone conversation. My client advises, and I represent to the Department of Labor, that the above-captioned corporation and the company referenced in the 1994 exemption request, Bally's Health & Tennis Corporation, are identical. The Company (as I surmised) changed the name to present a more "modern" image and for reasons of more readily attracting customers.

Based on this and the earlier exemption granted, I assume, subject to your confirmation, that the Company may pay employees who fit the definition of "workingman" in Section 191 of the NYS Labor Law, on the eighth (8) day, rather than on the seventh (7).

GROTTA, GLASSMAN & HOFFMAN, P.A.

Ellen Davidow
October 13, 2000
Page 2

Thank you for your courtesy and professionalism.

Very truly yours,

GROTTA, GLASSMAN HOFFMAN, P.A.

A handwritten signature in black ink, appearing to read "Mark Tabakman". The signature is written in a cursive style with a large initial "M".

MARK TABAKMAN

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	1349	
CONNECTION TEL		19739929125
CONNECTION ID		
ST. TIME	09/27 14:48	
USAGE T	01'02	
PGS. SENT	3	
RESULT	OK	

STATE OF NEW YORK
DEPARTMENT OF LABOR

DATE: September 27, 2000

AL FORM

es Unit

NY, NY 10014-0675

FAX: (212) 352-6188

NUAL WORKERS

COMMENTS:

Enclosed are copies you requested of the correspondence in which an enterprise with a similar name was granted authorization to pay its manual workers on a semi-monthly basis. You indicated this material would assist you in determining whether your client is a separate legal entity.

I trust you will find this material helpful. If you have further questions, please do not hesitate to phone me at (212) 352-6044.

NUMBER OF PAGES BEING TRANSMITTED: 3 (including cover sheet)

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Bally's

HEALTH & TENNIS CORPORATION

One Century Plaza • Suite 2810
2029 Century Park East
Los Angeles, California 90067
Phone 310-552-6941

January 13, 1994

Mr. Richard J. Polsinello
Directory of Division of Labor Standards
N.Y. Department of Labor
Room 532, Building 12
State Office Building Campus
Albany, NY 12240

Re: Health and Tennis Corp. of America
E.R. No. 78-11597 8
Disability Carrier - Standard Sec'y/Life Ins. Co. of New York
Group No. - D61431

Dear Mr. Polsinello:

With your authorization, effective March 1, 1994 we will pay our employees on a biweekly basis rather than a weekly basis. We will notify our employees of this change prior to January 31, 1994 in order to provide them with enough time to make the necessary accommodations.

Our unemployment and disability identification numbers are referenced above. The average count of employees paid on a weekly basis in 1991 was 1800, in 1992 was 1750, and in 1993 was 1750.

If additional information is required prior to implementing this frequency change, please do not hesitate to contact me. I would very much appreciate being notified of your authorization. You may contact me at (800) 421-3612 ext. 292, or use the enclosed self-addressed stamped envelope.

Your assistance in this matter is greatly appreciated.

Sincerely,


Jeff Loranger
Payroll Manager

RECEIVED
DEPARTMENT OF LABOR
DIVISION OF LABOR STANDARDS
ALBANY, NY 12240
JAN 18 1994

DIRECTOR'S OFFICE



STATE OF NEW YORK
DEPARTMENT OF LABOR

Governor W. Averell Harriman
State Office Building Campus
Albany, New York 12240

JOHN F. HUDACS
Commissioner of Labor

June 13, 1994

Ms. Julie Adams
Vice President Controller
Health & Tennis Corporation of America
One Century Plaza - Suite 2810
2029 Century Park East
Los Angeles, California 90067

Dear Ms. Adams:

I am in receipt of your recent correspondence with appropriate attachments on behalf of Health & Tennis Corporation of America requesting authorization to pay its manual worker employees in New York State on a semi-monthly basis pursuant to New York State Labor Law Section 191.1a (ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Health & Tennis Corporation of America has satisfied all the conditions enumerated in the Statute. The firm has employed 1000 or more persons in the State for the three years preceding its application, has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a (ii).

Therefore, I hereby grant authorization for Health & Tennis Corporation of America to pay wages to its manual workers employed in New York State on a semi-monthly basis.

Sincerely,

John F. Hudacs

RECEIVED
DEPARTMENT OF LABOR
DIVISION OF LABOR STANDARDS
ALBANY, NY 12240
JUN 15 1994



DIRECTOR'S OFFICE



STATE OF NEW YORK
DEPARTMENT OF LABOR
Division of Labor Standards
PO Box 675
New York, NY 10014-0675

August 28, 2000

Mark Tabakman, Esquire
Grotta, Glassman & Hoffman, P.A.
Counsellors At Law
75 Livingston Avenue
Roseland, NJ 07068-3701

Dear Mr. Tabakman:

This is in response to your August 23, 2000 letter, addressed to the Division of Labor Standards' Director Richard J. Polsinello, wherein you request that **Bally Total Fitness Corporation** be granted permission to pay its manual workers in New York State less frequently than on a weekly basis. I have enclosed a copy of Section 191.1a(ii) of the New York State Labor Law which, upon authorization, allows either a bi-weekly or a semi-monthly payment frequency.

Your correspondence contained much of the information required for a determination concerning your request. However, there remain several additional facts and documents which must be provided so that we may verify that **Bally Total Fitness Corporation** meets all the qualifying criteria. Before a request for an extension of the pay period for manual workers may be considered, the employer's file must contain the following:

A letter from a responsible official attesting to:

- the number of all employees on the employer's payroll in New York State at the end of a pay period from last month and from pay periods 12 months, 24 months and 36 months earlier **OR** the number of all employees on the employer's payroll in New York State at the end of a pay period from last month and from the pay period 12 months earlier and the average number of employees outside of New York State during the last three years. *(Please note that the statute requires that the employer "has in the three years preceding the application employed an average of one thousand or more persons in this state or has for one year preceding the application employed an average of one thousand or more persons in this state and has for three years preceding the application employed an average of three thousand or more persons outside the state.")*
- the policy numbers, effective dates and names of insurers providing the employer's current Workers' Compensation and Disability Coverage;
- the employer's Federal Employer Identification Number (FEIN);

- whether the employer has a computerized record-keeping system for payroll which specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee;
- whether any of the employer's manual workers in New York State are represented by a labor organization. If they are, the employer should present a letter from an appropriate official of each such union attesting to the fact that it consents to the requested pay period extension.

In addition, since our files contain a previous request (in January 1994) from an entity which initially identified itself as *Bally's Health & Tennis Corporation*, we now request that you clarify the relationship, if any, between your client and that enterprise.

The statute requires proof that there are no outstanding warrants against the employer for failure to remit Unemployment Insurance contributions. To allow the Division of Unemployment Insurance to provide this proof to us directly, it will be necessary for a responsible officer of the employer to execute the enclosed RELEASE FORM and return it to us along with the documentation enumerated above.

The statute also requires proof that there are no outstanding warrants against the employer for failure to remit state Personal Income Tax withholdings. You may obtain such proof by writing to the Department of Taxation and Finance and asking them to furnish you with a letter certifying that fact. The appropriate address is as follows:

Carol Brennan
New York State Department of Taxation and Finance
Tax Compliance Division
State Office Building Campus
Building #8, Room 939
P.O. Box 5149
Albany, NY 12205-5149
(518) 485-6631

In your correspondence to the above agency, please be sure to refer to your Federal Employer Identification Number (FEIN). After you receive a response, please forward the original to this office. Upon our receipt from you of the statement by the Department of Taxation and Finance, we will initiate our review of your application and will notify you promptly if it is not in order. Subsequently, the Commissioner of Labor will apprise you directly of his decision concerning your request.

If you have any questions or concerns, please feel free to phone me at (212) 352-6044.

Very truly yours,

E. Davidow
Supervising Labor Standards Investigator
Administrative Services Unit

bcc: Director Richard J. Polsinello ✓
Assistant Director Jack L. Mrozak ✓



STATE OF NEW YORK
DEPARTMENT OF LABOR
Division of Labor Standards
P.O. Box 675
New York, NY 10014-0675

RELEASE FORM – DISCLOSURE OF INFORMATION

Pursuant to the request, initiated by _____
(Please print legal name of **EMPLOYER**)

to pay its manual workers on a biweekly or semimonthly basis,

I, _____,
(Please print **NAME** of responsible officer signing release form)

(Please print **TITLE** of responsible officer signing release form)

hereby authorize the Division of Unemployment Insurance to disclose to the Division of Labor Standards its record, if any, of said employer's Unemployment Insurance tax liabilities.

_____ Federal Employer Identification Number (FEIN)

_____ Unemployment Insurance Employer Registration Number (ER#)

Signature

Date

NEW YORK STATE LABOR LAW
EXCERPTS FROM ARTICLE 6 - PAYMENT OF WAGES

§ 191. Frequency of payments

1. Every employer shall pay wages in accordance with the following provisions:

a. Manual worker.— (i) A manual worker shall be paid weekly and not later than seven calendar days after the end of the week in which the wages are earned; provided however that a manual worker employed by an employer authorized by the commissioner pursuant to subparagraph (ii) of this paragraph or by a non-profitmaking organization shall be paid in accordance with the agreed terms of employment, but not less frequently than semi-monthly.

(ii) The commissioner may authorize an employer which has in the three years preceding the application employed an average of one thousand or more persons in this state or has for one year preceding the application employed an average of one thousand or more persons in this state and has for three years preceding the application employed an average of three thousand or more persons outside the state to pay less frequently than weekly but not less frequently than semi-monthly if the employer furnishes satisfactory proof to the commissioner of its continuing ability to meet its payroll responsibilities. In making this determination the commissioner shall consider the following: (A) the employer's history meeting its payroll responsibilities in New York state or if no such history in New York state is available, other financial information, as requested by the commissioner, which will assist the commissioner in determining the likelihood of the employer's continuing ability to meet payroll responsibilities; (B) proof of the employer's coverage for workers' compensation and disability; (C) proof that there are no outstanding warrants of the department of taxation and finance or the department of labor against the employer for failure to remit state personal income tax withholdings or unemployment insurance contributions; and (D) proof that the employer has a computerized record keeping system for payroll which, at a minimum, specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee. If the employers' manual workers are represented by a labor organization, the commissioner shall not grant an employer's application for authorization under this subparagraph unless that labor organization consents thereto.

Upon notice to the employer and an opportunity to be heard, the commissioner may rescind such authorization whenever the commissioner has determined, based upon the factors enumerated above, that the employer is no longer able to meet its payroll responsibilities as previously authorized.



STATE OF NEW YORK
DEPARTMENT OF LABOR

GOVERNOR W. AVERELL HARRIMAN
STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240

DATE: August 24, 2000

TELEFAX TRANSMITTAL FORM

PLEASE DELIVER TO: Ellen Davidow

FROM: Richard J. Polsinello

OFFICE: Labor Standards, Room 532
(PHONE: 518-457-2460 FAX: 518-457-7997)

RE: Request for Waiver
- Bally Total Fitness Corporation

☞ Please handle.

NUMBER OF PAGES BEING TRANSMITTED: 4 (including coversheet)

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GROTTA, GLASSMAN & HOFFMAN, P.A.

COUNSELLORS AT LAW

75 LIVINGSTON AVENUE

ROSELAND, NEW JERSEY 07068-3701

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WEB SITE: http://www.gghlaw.com

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 PETER P. PERLA, JR.
 ANNA PINTSOV
 SHAUN RIBID
 LOREN R. ROSENBERG
 KEITH J. ROSENBLATT
 KELLY A. RYAN
 BETH P. SACHS
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 DAVID J. SILBERMAN
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 DANIEL A. TABS
 CHERYL J. WELLER

OF COUNSEL
 M. JOAN FOSTER
 ILENE F. LAINER
 JOSEPH J. MALCOLM
 ROGER C. SCHECHTER

* MEMBER NY BAR ONLY
 * MEMBER NY & CT BARS ONLY

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CALIFORNIA OFFICE
 TWO CENTURY PLAZA
 2049 CENTURY PARK EAST
 SUITE 1200
 LOS ANGELES, CALIFORNIA 90067
 (310) 556-8766

August 23, 2000

Director of Division of Labor Standards
 State Campus Bldg 12
 Room 532
 Albany, NY 12240

Re: Request for Exemption Under Section 191

Dear Mr Director:

Please consider this as a request for an exemption under Section 191 of the Labor Code.

As more fully described below, Bally Total Fitness Corporation ("Company") requests permission to pay manual workers eight (8) days after the close of the pay period, rather than the statutorily mandated seven (7) days. Currently, the payroll period closes on Friday and wages are paid the following Friday, i.e. seven days. The requested exemption would allow the payroll period to close on Thursday, with wages paid the following Friday, i.e. eight days.

First, I represent to the Department that the Company meets the criteria set forth in Section 191(1)(a)(ii). More specifically:

- 1) in the last three years, the Company has employed at least one-thousand workers in New York State and at least three-thousand outside of New York State;
- 2) the Company has a long history of meeting all payroll obligations in New York State;

GROTTA, GLASSMAN & HOFFMAN, P.A.

August 23, 2000

Page 2

- 3) the Company has workers' compensation and disability coverage and will, upon request, furnish proof of same;
- 4) there are no outstanding warrants of the Department of Labor or Department or the Department of Taxation and Finance against the Company for failure to remit state personal income tax withholdings or unemployment insurance contributions; and,
- 5) the Company has a computerized payroll system which specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee.

The reasons underlying this request are based in the Company's desire to provide more efficient and improved service to its employees. On a bi-weekly basis, the Company processes payroll for 16,500 employees, a gargantuan task under the best of circumstances. Adding to this significant logistical task is the fact that the Company has many locations and all employees work widely varying schedules and shifts of duty.

An extra day of processing time for the payroll department would enable this department to much better manage its workload and de-centralize some of the payroll functions. This de-centralization will enable payroll employees to better service employees who have mandated that their checks be mailed/disbursed to them in particular manners. The Company wishes to accommodate these employees and, simultaneously, achieve greater cost effectiveness and efficiency in its internal payroll processing. No employee will be shorted or lose any monies from the transition to the eight-day system.¹

In closing, the Company is a large-scale employer that employees over 1600 people in the State and is making this request only from a perspective of more efficient operation, particularly for the affected employees. The Company respectfully requests that its request for exemption be granted and that it be allowed to pay manual workers eight days following the close of the pay period.

¹There will be a one-time transitional pay period in which 312 hours of pay, as opposed to the average 336 hours will be reflected.

GROTTA, GLASSMAN & HOFFMAN, P.A.

August 23, 2000
Page 3

Thank you for your consideration of this request. Should you wish to discuss any aspect of the request, please contact the undersigned.

Very truly yours,

GROTTA, GLASSMAN HOFFMAN, P.A.



MARK TABAKMAN

transfer/191

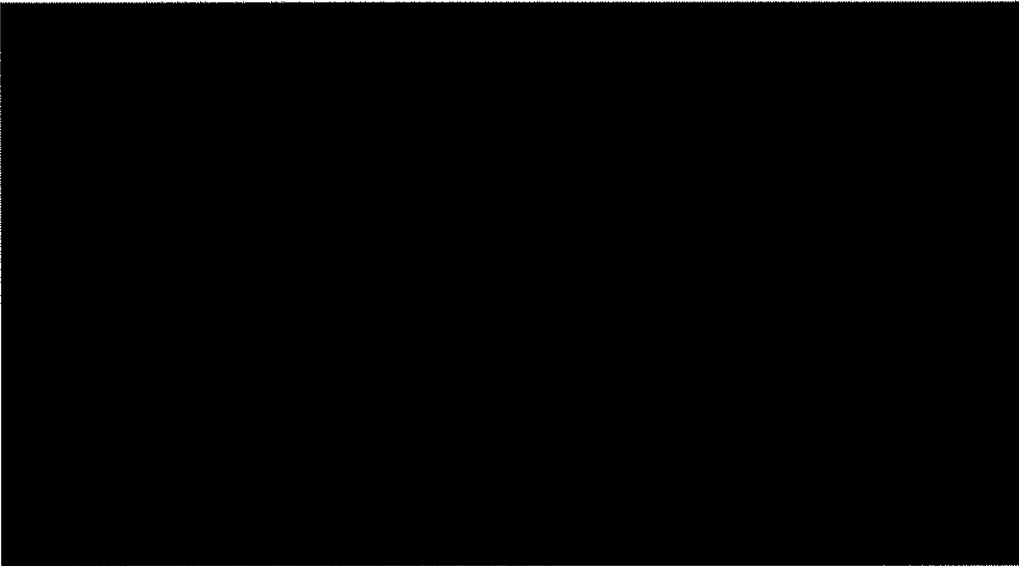
*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	2177	
CONNECTION TEL		19738929125
CONNECTION ID		
ST. TIME	07/30 13:48	
USAGE T	00'42	
PGS. SENT	2	
RESULT	OK	

STATE OF NEW YORK
DEPARTMENT OF LABOR

2177



Ellen Davidow
Supervisor, Administrative Services Unit
Division of Labor Standards
345 Hudson Street, P.O. Box 675, NY, NY 10014-0675
PHONE: (212) 352-6044 FAX: (212) 352-6188

SUBJECT: BALLY TOTAL FITNESS CORPORATION

COMMENTS:

Pursuant to our telephone conversation, attached is a duplicate of correspondence previously transmitted to you on October 18, 2000.

NUMBER OF PAGES BEING TRANSMITTED: 2 (including cover sheet)

This facsimile transmission may contain confidential or privileged information which is intended only for use by the individual or entity to which the transmission is addressed. If you are not the intended recipient, you are hereby notified that any disclosure, dissemination, copying or distribution of this transmission is strictly prohibited. If you have received this transmission in error, please notify us by telephone immediately so that we can arrange for the return of the document to us at no cost to you.



STATE OF NEW YORK
DEPARTMENT OF LABOR
Division of Labor Standards
PO Box 675
New York, NY 10014-0675

October 18, 2000

Mark Tabakman, Esquire
Grotta, Glassman & Hoffman, P.A.
Counsellors At Law
75 Livingston Avenue
Roseland, NJ 07068-3701

Dear Mr. Tabakman:

This is in response to your October 13, 2000 letter wherein you stated that your client, *Bally Total Fitness Corporation*, and *Bally's Health & Tennis Corporation* (the enterprise which, on January 13, 1994 requested -- and on June 13, 1994 received -- permission from the Commissioner of Labor to pay its manual workers on a semi-monthly basis) "are identical." You further explained that solely the name of the organization was changed "to present a more 'modern' image and for reasons of more readily attracting customers." If, indeed, as you assert, *Bally Total Fitness Corporation* and *Bally's Health & Tennis Corporation* are the same legal entity, then your client may lawfully pay its manual workers "eight (8) days after the close of the pay period, rather than the statutorily mandated seven (7) days" without further authorization.

I trust the foregoing will provide the confirmation your correspondence elicited.

Sincerely,

E. Davidow
Supervising Labor Standards Investigator

- LS-93-WP-11 TGI Friday's, Inc.
Permission to Pay Its Manual Workers in New York State on a Semi-Monthly Basis
- LS-94-WP-1 GTE Telephone Operations, Northeast Region
Permission to Pay Its Manual Workers in New York State on a Semi-Monthly Basis
- LS-94-WP-2 Section 193 - Security Guards Fingerprint Fees, Registration Fees, Training Costs and Training Time
- LS-94-WP-3 Rochester Gas and Electric Corporation
Permission to Pay Its Manual Workers in New York State on a Semi-Monthly Basis
- LS-94-WP-4 Health & Tennis Corporation of America (aka Jack LaLanne)
Permission to Pay Its Manual Workers in New York State on a Semi-Monthly Basis
- LS-94-WP-5 Paragon Communications, Northeast Division
Subsidiary of Time Warner
Applicable to the Seven (7) Upstate Locations in: Horseheads, Ilion, Jamestown, Mt. Vernon, Newburgh, Oswego and Watertown, New York
Permission to Pay Its Manual Workers in New York State on a Semi-Monthly Basis
- LS-94-WP-6 PriceCostco, Inc. (Price Club)
Permission to Pay Its Manual Workers in New York State on a Semi-Monthly Basis
- LS-94-WP-7 The Doyle Group, Inc., ; Including Subsidiaries:
Doyle Alarm Services, Inc.
Doyle Building Services, Inc.
Doyle Protective Services, Inc.
Permission to Pay Its Manual Workers in New York State on a Semi-Monthly Basis
- LS-94-WP-8 Hook-SupeRx, Inc.: Including Subsidiary:
Brooks Drug, Inc.
Permission to Pay Its Manual Workers in New York



Bally's.

HEALTH & TENNIS CORPORATION

One Century Plaza · Suite 2810
2029 Century Park East
Los Angeles, California 90067
Phone 310-552-6941

January 13, 1994

Mr. Richard J. Polsinello
Directory of Division of Labor Standards
N.Y. Department of Labor
Room 532, Building 12
State Office Building Campus
Albany, NY 12240

Re: Health and Tennis Corp. of America
E.R. No. 78-11597 8
Disability Carrier - Standard Sec'y/Life Ins. Co. of New York
Group No. - D61431

Dear Mr. Polsinello:

With your authorization, effective March 1, 1994 we will pay our employees on a biweekly basis rather than a weekly basis. We will notify our employees of this change prior to January 31, 1994 in order to provide them with enough time to make the necessary accommodations.

Our unemployment and disability identification numbers are referenced above. The average count of employees paid on a weekly basis in 1991 was 1800, in 1992 was 1750, and in 1993 was 1750.

If additional information is required prior to implementing this frequency change, please do not hesitate to contact me. I would very much appreciate being notified of your authorization. You may contact me at (800) 421-3612 ext. 292, or use the enclosed self-addressed stamped envelope.

Your assistance in this matter is greatly appreciated.

Sincerely,



Jeff Loranger
Payroll Manager

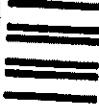
RECEIVED
DEPARTMENT OF LABOR
DIVISION OF LABOR STANDARDS
ALBANY, NY 12240
JAN 18 1994

DIRECTOR'S OFFICE

NAME _____

STREET _____

CITY, STATE _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

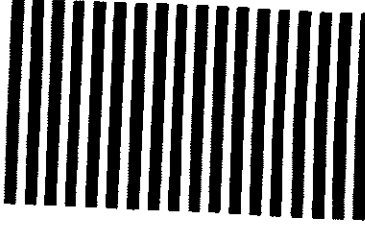
BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 60523 LOS ANGELES, CALIFORNIA

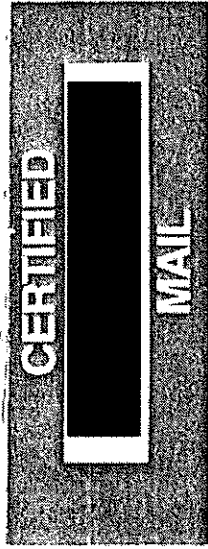
POSTAGE WILL BE PAID BY ADDRESSEE

HEALTH & TENNIS CORPORATION OF AMERICA
One Century Plaza, Suite 2810
2029 Century Park East
Los Angeles, California 90067

PAYROLL

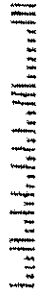


Bally's
HEATHER HENNINGSON
One Century Plaza • Suite 2812
2029 Century Park East
Los Angeles, California 90067



ALBANY NY 12240
JUN 11 1994
U.S. POSTAL SERVICE

Mr. Richard J. Polsinello
Director of Division of Labor Standards
N.Y. Department of Labor
Room 532, Building 12
State Office Building Campus
Albany, NY 12240



Bally's.

HEALTH & TENNIS CORPORATION

One Century Plaza • Suite 2810
2029 Century Park East
Los Angeles, California 90067
Phone 310-552-6941

March 22, 1994

Mr. Randolph Fauske
Supervisor
Administrative Services Unit
New York Department of Labor
Division of Labor Standards
One Main Street
Brooklyn, NY 11201

Re: Application for Manual Worker Pay Period Extension
Health & Tennis Corporation of America
ER #: [REDACTED]

Dear Mr. Fauske,

Enclosed are the letters provided by the New York State Department of Taxation and Finance and the Unemployment Insurance Division which confirm that Health & Tennis Corporation of America has no outstanding warrants.

The total number of New York employees follows:

February 1994	-	1,708
February 1993	-	1,706
February 1992	-	1,654
February 1991	-	1,567

The pertinent information regarding our workers' compensation and disability coverage follows:

Workers' Compensation:

Insurer - Zurich American
Policy Number - [REDACTED]
Effective Dates - 12/15/93 to 12/15/94

Disability:

Insurer - Standard Security Life Insurance Company of New York
Policy Number - [REDACTED]
Effective Dates - 1/1/92 to Present

Health & Tennis Corporation of America utilizes a computerized record keeping system. Our system maintains hours worked, gross wages, pay rates, deductions, and pay dates

- Please be advised that none of our employees are represented by a labor organization.

Bally's

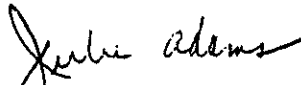
HEALTH & FITNESS CORPORATION

March 22, 1994
Page 2

We are hopeful that the enclosed will provide you with the necessary information to grant our request to issue paychecks on a biweekly basis. With your approval, we would like to issue the first biweekly check on May 20th, 1994.

If there are any questions regarding this request, please do not hesitate to contact Jeff Loranger or myself at (800) 421-3612.

Sincerely,



Julie Adams
Vice President
Controller



STATE OF NEW YORK
DEPARTMENT OF LABOR
 Governor W. Averell Harriman
 State Office Building Campus
 Albany, New York 12240

JOHN F. HUDACS
 Commissioner of Labor

June 13, 1994

Ms. Julie Adams
 Vice President Controller
 Health & Tennis Corporation of America
 One Century Plaza - Suite 2810
 2029 Century Park East
 Los Angeles, California 90067

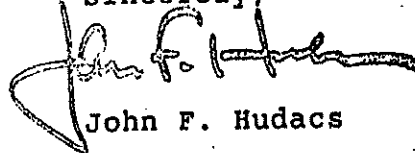
Dear Ms. Adams:

I am in receipt of your recent correspondence with appropriate attachments on behalf of Health & Tennis Corporation of America requesting authorization to pay its manual worker employees in New York State on a semi-monthly basis pursuant to New York State Labor Law Section 191.1a (ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Health & Tennis Corporation of America has satisfied all the conditions enumerated in the Statute. The firm has employed 1000 or more persons in the State for the three years preceding its application, has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a (ii).

Therefore, I hereby grant authorization for Health & Tennis Corporation of America to pay wages to its manual workers employed in New York State on a semi-monthly basis.

Sincerely,



John F. Hudacs

JFH:RJP:mac

bcc: T. Hines
 R. Gollnick
 R. Polsinello ✓

*cc: Mr. Mrozak
 Chief Investigator
 Mr. Pauske ✓*



RECEIVED
 DEPARTMENT OF LABOR
 DIVISION OF LABOR STANDARDS
 ALBANY, NY 12240
 JUN 15 1994

DIRECTOR'S OFFICE

INTER-OFFICE MEMORANDUM

To: Richard J. Polsinello
Date: May 4, 1994
Office: Labor Standards

From: Randy Fauske *RF*
Office: ASU

Subject: Application for Manual Pay Period Extension
Bally's Health & Tennis Corporation

The employer recently submitted completed documentation in support of their application.

Upon making the statewide monetary case history check, I noted seven cases over the past 2 years, 6 of which were paid in full and closed. However, there was an open case in District 3 from July, 1993, involving a one employee wage claim and it appeared that the Local Manager was not cooperating.

I contacted Bally's Payroll Manager in California and advised him that I could not process his application further until this case was resolved. He immediately asked to be transferred to the District 3 phone and I believe that case will be closed shortly.

I will forward the application with a positive recommendation upon confirmation that there are no open monetary cases.

RF:tm

cc: Mr. Mrozak
Mr. Rosenblatt

Bally's.

HEALTH & TENNIS CORPORATION

One Century Plaza • Suite 2810

2029 Century Park East

Los Angeles, California 90067

Phone 310-552-6941

April 12, 1994

Mr. Randolph Fauske
Supervisor
Administrative Services Unit
New York Department of Labor
One Main Street
Brooklyn, NY 11201

Re: Application for Manual Pay Period Extension
Health & Tennis Corporation of America
ER #: 78-11597

Dear Mr. Fauske,

Enclosed is the letter provided by the Unemployment Insurance Division stating that there are no outstanding warrants.

If additional information is needed to grant our request to issue paychecks on a biweekly basis, please do not hesitate to contact me at (800) 421-3612.

Sincerely,



Jeff Loranger
Payroll Manager

encl: copy of 3/22/93 request



STATE OF NEW YORK
DEPARTMENT OF LABOR
GOVERNOR W. AVERELL HARRIMAN
STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240

UNEMPLOYMENT INSURANCE DIVISION

April 6, 1994

Jeff Loranger
Payroll Manager
Health & Tennis Corp of America
2029 Century Park East Suite 2810
Los Angeles, California 90067

RE: Health & Tennis Corp of America
NYS ER# [REDACTED]

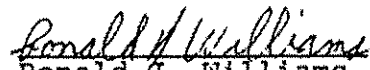
Dear Mr. Loranger:

This is in response to your letter dated January 28, 1994 requesting certification that there are no outstanding warrants against your company.

Our records indicate that there are no outstanding warrants against the above listed company for failure to pay liabilities due the New York State Department of Labor.

If I can be of any further assistance, please contact me at (518) 457-5713.

Sincerely,


Ronald J. Williams
U.I. Tax Auditor IV

RW:rw
cc: F. Buse



New York State Department of
Taxation and Finance
Tax Compliance Division
W. A. Harriman Campus, Albany, New York 12227-0171

February 15, 1994

- Mr. Jeff Loranger, Payroll Manager
Bally's Health & Tennis Corporation
One Century Plaza - Suite 2810
Los Angeles, California 90067

Dear Mr. Loranger:

Re: Health & Tennis Corporation of
America & Subs
Fin# [REDACTED]

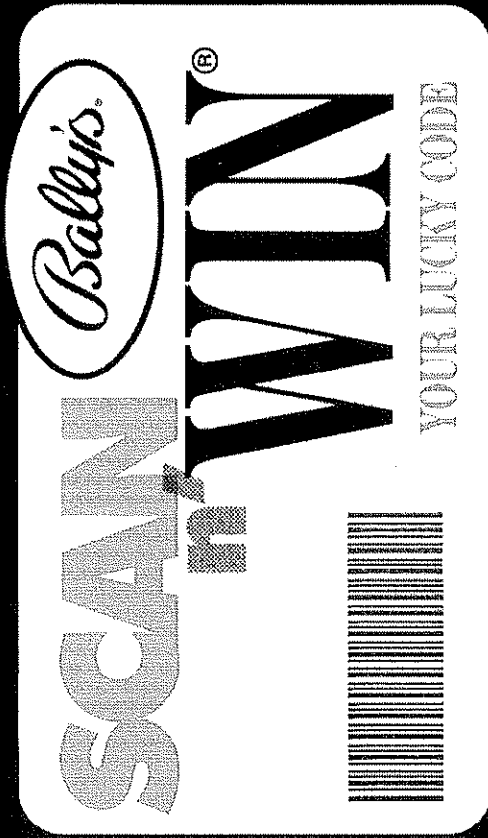
According to our records there are no outstanding
tax warrants against the above company, as of
February 14, 1994.

Sincerely,

Diane T. Reilly
Principal Account Clerk
Telephone# (518) 457-6677

AB/da

Your **SCAN N' WIN**[®] card may have the lucky bar code for 50 personal training sessions. But you must bring it to Bally's to find out what you've won.



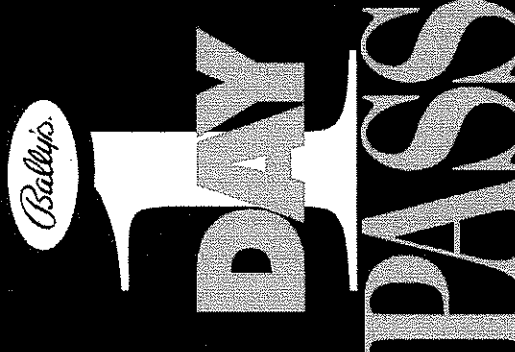
Offer expires July 15, 1994



\$4 value • See reverse for details



\$4 value • See reverse for details



\$4 value • See reverse for details

ONE DAY PASS



\$4 value • See reverse for details

Bally's ONE DAY PASS

\$4 value • See reverse for details

Bally's ONE DAY PASS

\$4 value • See reverse for details

Use These Passes Through July 15, 1994.



JACK LALANNE FITNESS CENTER

814 Walt Whitman Road • Huntington, New York 11743

Rules: To be eligible to win a prize, prize card must be scanned in the presence of an employee at a Bally's Jack Lallanne Fitness Center in New York or New Jersey by contest deadline. Offer valid only for persons age 18 or older. Prizes for which no winning prize card is presented will not be awarded. No purchase necessary to participate. Prizes are not transferable, redeemable for cash or trade-in. Employees of Bally's Health & Tennis Corporation and its affiliates, their immediate families and its advertising and promotional agencies are not eligible for prizes. Void where prohibited by law. All federal, state and local laws and regulations apply. Federal, state or local laws on prizes are the sole responsibility of the contest winners. To obtain a prize card, send a self-addressed stamped envelope to Bally's Long Island SCAN N' WIN™ Graphic Technology, Inc., 301 Gardiner Drive, Industrial Airport, KS 66603. Bally's Health & Tennis Corporation, its affiliates, subsidiaries, agents and parent corporation assumes no liability or responsibility for losses, claims, damages or injuries stemming from use or acceptance of any prize or for any warranties, guarantees of any prize either expressed or implied. Bally's reserves the right to substitute, at its sole discretion, prizes with one of reasonably equivalent value. Bally's Health & Tennis Corporation and its affiliates, subsidiaries, advertising and production agencies are not responsible for lost, misdirected, undelivered or delayed mail or printing errors. Contest ends July 15, 1994. Details of SCAN N' WIN™ prizes: 1 Grand Prize: 30 Personal Training Sessions (approximate retail value \$1,350) odds 1:1,230; 100 Bally's T-shirts (approximate retail value \$6.30) odds 1:1,230; 100 Bally's T-shirts (approximate retail value \$7.95) odds 1:1,230; 800 Bally's Posters (approximate retail value \$1.50) odds 1:154; 100 Bally's Workout Towels (approximate retail value \$6.30) odds 1:1,230. Failure to complete, execute and furnish an Affidavit of Eligibility including a waiver and release and form W-9 to Bally's Health & Tennis Corporation will result in prize forfeiture. ©1994 Bally's Health & Tennis Corporation. Bally is a registered trademark of Bally Manufacturing Corporation. An Equal Opportunity Club. Passes and SCAN N' WIN game card good through July 15, 1994.



STATE OF NEW YORK
DEPARTMENT OF LABOR
Division of Labor Standards
ONE MAIN ST.
BROOKLYN, N.Y. 11201

January 21, 1994

Mr. Jeff Loranger
Payroll Manager
Bally's Health & Tennis Corporation
One Century Plaza - Suite 2810
2029 Century Park East
Los Angeles, CA 90067

Re: Application for Manual Worker Pay Period Extension

Dear Mr. Loranger:

Mr. Richard J. Polsinello, Director of the Division of Labor Standards, has asked me to respond to your recent correspondence on behalf of Bally's Health & Tennis Corporation, requesting authorization to pay their manual worker employees in New York State on a bi-weekly basis pursuant to New York State Labor Law Section 191.1a (ii). I have enclosed a copy of that Section.

In order to verify that Bally's meets the qualifying criteria, the following documentation should be forwarded to this office for review.

A letter from a responsible official attesting to:

- . the number of all employees on the firm's payroll in New York State at the end of a pay period from last month and from pay periods 12, 24 and 36 months earlier (four pay periods);
- . the policy numbers, effective dates and names of insurers providing the firm's current workers' compensation and disability coverages;
- . whether the firm has a computerized record keeping system for payroll which specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee;
- . whether any of the firm's manual workers in New York State are represented by a labor organization. If they are, the firm should present a letter from an appropriate official of the union(s) attesting to their consent to the requested pay period extension.

The statute requires proof that there are no outstanding warrants from two state agencies for failure to remit state personal income tax withholdings or unemployment insurance contributions. A letter certifying that fact may be obtained from those agencies by writing to the following addresses, *below.*

For H J P / For Department member

- . New York State Department of Taxation and Finance
Liability Clearance Unit
Tax Compliance Division
State Campus Building 8
Albany, N.Y. 12227
(518) 457-6677

- . Director
Unemployment Insurance Division
New York State Department of Labor
State Campus Building 12
Albany, N.Y. 12240
(518) 457-2878

After receipt of the responses, please forward the original copies to this office, together with the firm's attestation from the responsible official and, if applicable, the letter(s) from a union official(s). We will review your application and notify you promptly if it is not in order. Subsequently, Commissioner of Labor, John F. Hudacs, will directly apprise the firm of his decision on their application.

If you have any questions or concerns, please call me at this office (phone): (718) 797-7401.

Sincerely,

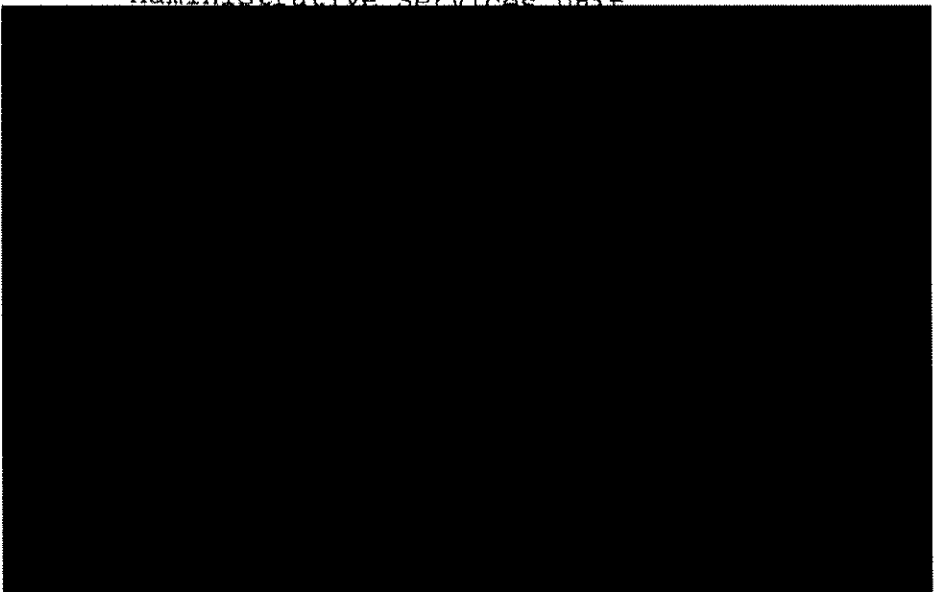
Randolph Fauske

Randolph Fauske, Supervisor
Administrative Services Unit

RF:tm
Encl.

cc: Mr. Polsinello

bcc: Mr. Mrozak
Mr. Rosenblatt



1993-1994 Regular Sessions

IN SENATE

May 4, 1993

Introduced by Sens. BRUNO, FARLEY -- read twice and ordered printed, and when printed to be committed to the Committee on Labor

AN ACT to amend the labor law, in relation to the payment of manual workers

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The opening paragraph of subparagraph (ii) of paragraph a
2 of subdivision 1 of section 191 of the labor law, as added by chapter 38
3 of the laws of 1989, is amended to read as follows:

4 The commissioner may authorize an employer which has in the three
5 years preceding the application employed an average of one thousand or
6 more persons in this state or has for one year preceding the application
7 employed an average of one thousand or more persons in this state and
8 has for three years preceding the application employed an average of
9 three thousand or more persons outside the state to pay less frequently
10 than weekly but not less frequently than semi-monthly if the employer
11 furnishes satisfactory proof to the commissioner of its continuing abil-
12 ity to meet its payroll responsibilities. In making this determination
13 the commissioner shall consider the following: (A) the employer's
14 history meeting its payroll responsibilities in New York state or if no
15 such history in New York state is available, other financial informa-
16 tion, as requested by the commissioner, which will assist the commis-
17 sioner in determining the likelihood of the employer's continuing abil-
18 ity to meet payroll responsibilities; (B) proof of the employer's cov-
19 erage for workers' compensation and disability; (C) proof that there are
20 no outstanding warrants of the department of taxation and finance or the
21 department of labor against the employer for failure to remit state per-
22 sonal income tax withholdings or unemployment insurance contributions;
23 and (D) proof that the employer has a computerized record keeping system
24 for payroll which, at a minimum, specifies hours worked, rate of pay,
25 gross wages, deductions and date of pay for each employee. If the
26 employers' manual workers are represented by a labor organization, the
27 commissioner shall not grant an employer's application for authorization
28 under this subparagraph unless that labor organization consents thereto.
29 § 2. This act shall take effect immediately.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets
[] is old law to be omitted.

Bally's.

HEALTH & TENNIS CORPORATION

One Century Plaza • Suite 2810
2029 Century Park East
Los Angeles, California 90067
Phone 310-552-6941

January 13, 1994

Mr. Richard J. Polsinello
Directory of Division of Labor Standards
N.Y. Department of Labor
Room 532, Building 12
State Office Building Campus
Albany, NY 12240

Re: Health and Tennis Corp. of America
E.R. No. 78-11597 8
Disability Carrier - Standard Sec'y/Life Ins. Co. of New York
Group No. - D61431

Dear Mr. Polsinello:

With your authorization, effective March 1, 1994 we will pay our employees on a biweekly basis rather than a weekly basis. We will notify our employees of this change prior to January 31, 1994 in order to provide them with enough time to make the necessary accommodations.

Our unemployment and disability identification numbers are referenced above. The average count of employees paid on a weekly basis in 1991 was 1800, in 1992 was 1750, and in 1993 was 1750.

If additional information is required prior to implementing this frequency change, please do not hesitate to contact me. I would very much appreciate being notified of your authorization. You may contact me at (800) 421-3612 ext. 292, or use the enclosed self-addressed stamped envelope.

Your assistance in this matter is greatly appreciated.

Sincerely,


Jeff Loranger
Payroll Manager

RECEIVED
DEPARTMENT OF LABOR
DIVISION OF LABOR STANDARDS
ALBANY, NY 12240
JAN 18 1994

DIRECTOR'S OFFICE

ROBERTA REARDON
Commissioner of Labor

New York State Department of Labor
W. Averell Harriman State Office Campus
Building 12, Room 500, Albany, NY 12240
www.labor.ny.gov

September 17, 2021

Mr. Cory Livingood, Sr. Manager, Wage & Hour Compliance
Best Buy Stores LP
7601 Penn Avenue South
Richfield, MN 55423

Dear Madam/Sir:

This is in response to your recent correspondence on behalf of Best Buy Stores LP to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Best Buy Stores LP has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Best Buy Stores LP to pay wages to its manual workers employed in New York State on a biweekly basis.

Sincerely,

Roberta Reardon

New York State Department of Labor

[Facebook](#) | [Twitter](#) | [YouTube](#) | [LinkedIn](#)





RECEIVED
NYS DEPARTMENT OF LABOR

SEP 10 2021

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

August 9, 2021

New York State Department of Labor
Division of Labor Standards
Room 185B PCU Building 12
Albany, NY 12240

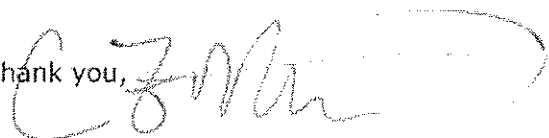
Best Buy Stores LP
7601 Penn Ave South
Richfield MN 55423
612-291-3328

RE: Request for Bi-Weekly pay variance

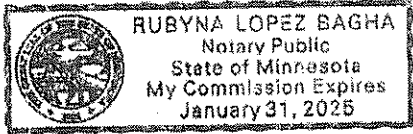
Best Buy Stores LP
FEIN Last 4: [REDACTED]
Registration Number [REDACTED]

To Whom it May Concern,

I, Senior Vice President attest that, to the best of my knowledge, all data submitted for NY UI quarters 1Q 2018 thru 1Q 2021 for the above referenced account is accurate and complete.

Thank you, 

Senior Vice President, Human Resources





7601 Penn Avenue
Richfield, MN 55423

Mr. J.C. Dacier
New York State Dept of Labor
Room 185B PCU Building 12
Albany, NY 12240

September 8, 2021

Dear Mr. Dacier,

I've included the additional requested information for the bi-weekly pay variance for Best Buy Stores, L.P. per your email response dated 8/3/21.

- 1) A transcript of the number of individuals employed and remuneration paid as recorded on your business's quarterly NYS-45 reporting form for each quarter in each of the last three complete calendar years and for each completed quarter of the current calendar year.
- 2) The transcript must be accompanied by a signed and notarized affidavit wherein the business's divisional vice president or department head responsible for filing the NYS-45 attests to the genuineness and accuracy of the figures contained in the transcript.

Please let me know if you have any questions regarding our submission.

Thank you,
Cory Livingood
Sr. Manager, Wage and Hour Compliance
Cell 262-949-1102
Efax 952-430-2260

New York State Department of Labor
Harriman State Office Campus
Building 12, 185B, Albany, NY 12240
www.labor.ny.gov
518-457-1942

RELEASE FORM – DISCLOSURE INFORMATION

Pursuant to the request, initiated by

BEST BUY STORES LP
(Please print legal name of EMPLOYER)

to pay its manual workers on a biweekly or semimonthly basis,

I, CHARLES MONTREUIL
(Please print NAME of responsible officer signing release form)

SVP, HR REWARDS
(Please print TITLE of responsible officer signing release form)

hereby authorize the Division of Unemployment Insurance to disclose to the Permit and Certificate Unit of the Division of Labor Standards of New York State Department of Labor its record, if any, of said employer's Unemployment Insurance tax liabilities.

[REDACTED] Federal Employer Identification Number (FEIN)
(FEIN)

[REDACTED] Unemployment Insurance Employer Registration Number (ER#)
(ER#)

[Handwritten Signature]
Signature

3/16/2021
Date



7601 Penn Avenue
Richfield, MN 55423

Mr. J.C. Dacier
New York State Dept of Labor
State Office Building
Campus Building 12, Room 185B (PCU)
Albany, NY 12240-0125

June 11, 2021

Mr. Dacier,

I write in response to your letter dated May 19, 2021, to my colleague, Cory Livingood.

I confirm, to the best of my knowledge and belief, that Best Buy Stores LP did not have any payroll debt beyond 30 days past due as of the end of our fiscal first quarter (May 1, 2021). For the purposes of this letter, my definition of payroll debt includes all amounts due to employees for wages and salaries.

Please let me know if you require any further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Mathew Watson".

Mathew Watson
Senior Vice President – Finance
Controller and Chief Accounting Officer
Best Buy Co., Inc.
Office: 612 291 4737



Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>Best Buy Stores, L.P. 7001 Penn Avenue South Richfield, MN 56423</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>852-995-7064</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p>██████████</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>New York State Department of Labor Division of Labor Standards Room 185B Building 12 Albany, NY 12240</p>	<p>3a. Name of Insurance Carrier</p> <p>XL Insurance America, Inc.</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>██████████</p> <p>3c. Policy effective period</p> <p>02/01/2021 to 02/01/2022</p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input checked="" type="checkbox"/> included. (Only check box if all partners/officers included)</p> <p><input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the INFORMATION PAGE of the workers' compensation insurance policy). The insurance carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.


This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Joseph Tocco
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  02/03/2021
(Signature) (Date)

Title: Chief Executive Officer

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-212-916-7000

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.



C-105.2 (9-17)

www.wcb.ny.gov



Workers' Compensation Board

**CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier	
1a. Legal Name & Address of Insured (use street address only) BEST BUY STORES LP 7801 PENN AVENUE SOUTH RICHFIELD, MN 55423-3848 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1b. Business Telephone Number of Insured 612-291-8342 1c. Federal Employer Identification Number of Insured or Social Security Number 
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier HARTFORD LIFE AND ACCIDENT 3b. Policy Number of Entity Listed in Box "1a"  3c. Policy effective period 01-01-2021 to 12-31-2021
4. Policy provides the following benefits: <input checked="" type="checkbox"/> A. Both disability and paid family leave benefits. <input type="checkbox"/> B. Disability benefits only. <input type="checkbox"/> C. Paid family leave benefits only. 5. Policy covers: <input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. <input type="checkbox"/> B. Only the following class or classes of employer's employees:	
Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above. Date Signed: 12-03-2020 <i>Elizabeth Tello</i> <small>(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</small>	
Telephone Number (212) 563-8074 Name and Title: Elizabeth Tello - Assistant Director, Statutory Services	
IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 8200, Binghamton, NY 13902-8200.	
PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)	
State of New York Workers' Compensation Board	
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.	
Date Signed _____ By _____ <small>(Signature of Authorized NYS Workers' Compensation Board Employee)</small>	
Telephone Number _____ Name and Title _____	

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (10-17)



DB-120.1 (10-17)

IH



**Department of
Taxation and Finance**

Office of Budget and Management Analysis
W A Harriman Campus Albany NY 12227

February 16, 2021

Ms. Jane Dorweiler
Best Buy - Corporate Office
7601 Penn Avenue South
Richfield, MN 55423-

Re: Best Buy Stores LP

Dear Ms. Dorweiler:

In response to your request for tax information regarding the above-referenced taxpayer, the following is provided:

A search of our records does not indicate any outstanding tax warrants.

If you have questions regarding your request, please call (518) 530-4366.

Sincerely,

A handwritten signature in black ink that reads "Thomas Engel". The signature is written in a cursive style with a large, looped "E" at the end.

Thomas Engel
Income Tax Technician

Payroll Register

Report Parameters

Starting Pay Date: 11-JUN-2021

Ending Pay Date: 11-JUN-2021

Payroll:

Consolidation Set:

GRE:

Organization:

Location: 000483

Employee Name:

Assignment Set Name:

Suppress zero records: Y

Full Report: N

Reporting Dimensions: CURRENT

Sort Option1: GRE

Sort Option2:

Sort Option3:

Employee Page Break: N

Note:-

- 1. Employees will not appear on the report unless they have had a prepayment processing with a payment date within the selected date range.

□ BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Rpt Seq Id: 1	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Moreno, Margaret	Federal		Run Type:	Regular
Assignment No: 222983-2	NY		Pay Rate:	20.66
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings:	1741.80
Consolidation: BiWkly Freq 2			Gross Pay:	1719.96
GRE Name: Best Buy Stores, L.P.			Net Pay:	1241.60
Organization: 000483-Rego Park-Appli			Net Payments:	1241.60
Location: 000483			Date Paid:	11-JUN-2021

Current

Current

Hours:

Base Rate wk1 H 39.72

Base Rate wk2 H 28.27

BEN_Holiday Hou 8.00

Earnings:

Base Rate wk1 820.62

Base Rate wk2 584.06

Holiday 165.28

Merchandise Rcv 21.84

Lump Sum 150.00

Deductions:



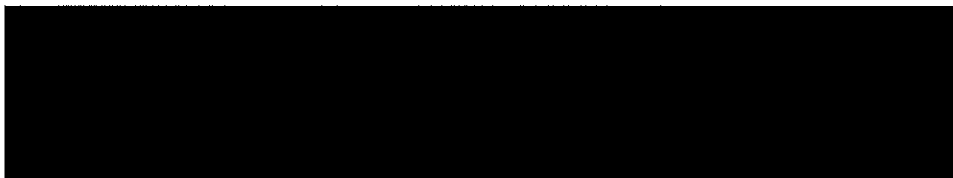
Rpt Seq Id: 2 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Plasencia, Andry Run Type: Regular
Assignment No: 1370096 NY Pay Rate: 19.49
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 999.50
Consolidation: BiWkly Freq 2 Gross Pay: 999.50
GRE Name: Best Buy Stores, L.P. Net Pay: 745.11
Organization: 000483-Rego Park-Appli Net Payments: 745.11
Location: 000483 Date Paid: 11-JUN-2021

Current Current
Hours:
Base Rate wk1 H 14.98 Base Rate wk2 H 25.93
OT Prem wk2 Hou 5.35

Earnings:
Base Rate wk1 291.97 Base Rate wk2 505.39
OT .5 Prem wk2 52.14 Lump Sum 150.00
BBY US Business Group Report Date: 15-JUN-2021

Payroll Register
Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Deductions:



Rpt Seq Id: 3 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Schreiber, Chase Run Type: Regular
Assignment No: 1435162 NY Pay Rate: 19.00
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1846.42
Consolidation: BiWkly Freq 2 Gross Pay: 1846.42
GRE Name: Best Buy Stores, L.P. Net Pay: 1336.37
Organization: 000483-Rego Park-Appli Net Payments: 1336.37
Location: 000483 Date Paid: 11-JUN-2021

Current Current
Hours:
Base Rate wk1 H 38.57 Base Rate wk2 H 38.75

BEN_Holiday Hou 8.00

OT Prem wk2 Hou 7.93

Earnings:

Base Rate wk1	732.83	Base Rate wk2	736.25
Holiday	152.00	OT .5 Prem wk2	75.34
Lump Sum	150.00		

Deductions:



Rpt Seq Id: 4 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Timothy , Shawn Clyde Federal [REDACTED] Run Type: Regular
Assignment No: 130943 NY [REDACTED] Pay Rate: 34.25
Payroll Name: Bwklly 2 BBY US Bank Gross Earnings: 3299.16
Consolidation: BIWkly Freq 2 Gross Pay: 3298.27
GRE Name: Best Buy Stores, L.P. Net Pay: 2100.41
Organization: 000483-Rego Park-Appli Net Payments: 2100.41
Location: 000483 Date Paid: 11-JUN-2021

□ BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

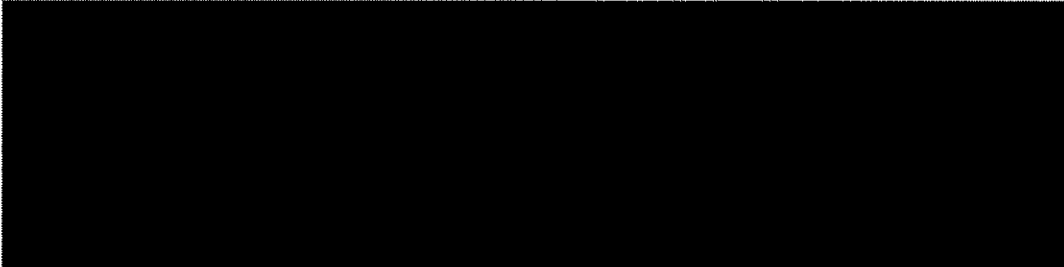
Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	40.00	Base Rate wk2 H	39.42
BEN_Holiday Hou	8.00	OT Prem wk2 Hou	9.00

Earnings:

Base Rate wk1	1370.00	Base Rate wk2	1350.14
Holiday	274.00	OT .5 Prem wk2	154.13
Imputed Life	0.89	Lump Sum	150.00

Deductions:



Rpt Seq Id: 5 Tax Filing Status Exemptions Pay Process: Run

Employee Name: Cosbert, Clyde Arden Federal [REDACTED] Run Type: Regular
 Assignment No: 573625 NY [REDACTED] Pay Rate: 19.68
 Payroll Name: Bwkly 2 BBY US Bank [REDACTED] Gross Earnings: 1508.12
 Consolidation: BiWkly Freq 2 Gross Pay: 1508.12
 GRE Name: Best Buy Stores, L.P. Net Pay: 1034.76
 Organization: 000483-Rego Park-Best Net Payments: 1034.76
 Location: 000483 Date Paid: 11-JUN-2021

BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	25.63	Base Rate wk2 H	35.38
BEN_Holiday Hou	8.00		
Earnings:			
Base Rate wk1	504.40	Base Rate wk2	696.28
Holiday	157.44	Lump Sum	150.00
Deductions:			



Rpt Seq Id: 6 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Deleon, Jose Antonio Federal [REDACTED] Run Type: Regular
 Assignment No: 1426158 NY [REDACTED] Pay Rate: 18.75
 Payroll Name: Bwkly 2 BBY US Bank [REDACTED] Gross Earnings: 1634.21
 Consolidation: BiWkly Freq 2 Gross Pay: 1623.57
 GRE Name: Best Buy Stores, L.P. Net Pay: 1048.12
 Organization: 000483-Rego Park-Best Net Payments: 1048.12
 Location: 000483 Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	31.62	Base Rate wk2 H	38.97
		BEN_Holiday Hou	8.00
Earnings:			
Base Rate wk1	592.88	Base Rate wk2	730.69
Holiday	150.00	Merchandise Rcv	10.64
Lump Sum	150.00		
Deductions:			

Dacier, J.C. (LABOR)

From: Dacier, J.C. (LABOR)
Sent: Tuesday, August 03, 2021 3:43 PM
To: Livingood, Cory
Subject: RE: [CAUTION! EXTERNAL] Best Buy's application for a bi-weekly pay variance
Attachments: NYS-45s Best Buy.pdf

I have reviewed your company's file and your company mostly qualifies for the variance. One little problem, and it's not Best Buy's fault.

Due to confidentiality and financial fraud concerns our agency is no longer permitted to keep on record NYS-45 forms like the ones you submitted to us last month. I have destroyed our copies of the NYS-45 forms that you submitted.

I made a scan of those records and I am returning them to you (see attached). Instead of the NYS-45 forms please submit the following for our records:

A transcript of the number of individuals employed and remuneration paid as recorded on your business's quarterly NYS-45 reporting form for each quarter in each of the last three complete calendar years and for each completed quarter of the current calendar year. Under no circumstances should the business submit a copy of the original form.

The information should be arranged in a spreadsheet or matrix format with an individual row for each quarter in each year showing (in ascending date order) the sums for the number of individuals employed and remuneration paid as reported for each year.

The transcript must be accompanied by a signed and notarized affidavit wherein the business's divisional vice president or department head responsible for filing the NYS-45 attests to the genuineness and accuracy of the figures contained in the transcript.

Once we receive the two documents described above we will issue your company's bi-weekly pay variance.

Have a nice day.

Mr. J.C. Dacier
(Clem)
Investigative Officer 3

New York State Department of Labor | Division of Labor Standards
Room 185B PCU Building 12
Albany, NY 12240
Office: 518-485-6334 (direct) j.c.dacier@labor.ny.gov
Facebook | Twitter | YouTube | LinkedIn



From: Livingood, Cory <Cory.Livingood@bestbuy.com>
Sent: Tuesday, August 03, 2021 10:51 AM

To: Dacier, J.C. (LABOR) <J.C.Dacier@labor.ny.gov>
Subject: FW: [CAUTION! EXTERNAL] Best Buy's application for a bi-weekly pay variance

Mr. Dacier,

Good morning. I hope you are doing well and enjoying your summer.

I wanted to check in and see how our pay variance submission was coming along.

Thank you,
Cory Livingood
Sr. Manager, Wage and Hour Compliance
Cell 262-949-1102
Efax 952-430-2260
Visit: <https://hr.bestbuy.com/web/myhr/-/wage-and-hour-laws>

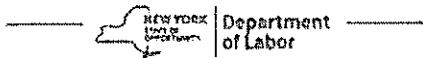


From: Dacier, J.C. (LABOR) <J.C.Dacier@labor.ny.gov>
Sent: Friday, July 9, 2021 3:51 PM
To: Livingood, Cory <Cory.Livingood@bestbuy.com>
Subject: RE: [CAUTION! EXTERNAL] Best Buy's application for a bi-weekly pay variance

Yes, I am bringing those documents home with me and I expect to work on them next week. You will probably hear from me on or before 7/16/21.

Mr. J.C. Dacier
(Clem)
Investigative Officer 3

New York State Department of Labor | Division of Labor Standards
Room 185B PCU Building 12
Albany, NY 12240
Office: 518-485-6334 (direct) j.c.dacier@labor.ny.gov
Facebook | Twitter | YouTube | LinkedIn



From: Livingood, Cory <Cory.Livingood@bestbuy.com>
Sent: Friday, July 09, 2021 4:39 PM
To: Dacier, J.C. (LABOR) <J.C.Dacier@labor.ny.gov>
Subject: RE: [CAUTION! EXTERNAL] Best Buy's application for a bi-weekly pay variance

Mr. Dacier,

Good afternoon. I wanted to check on the status of our submission for the pay variance. After receiving your attached response, I sent the additional documents you requested on June 15.

Thank you,

Cory Livingood

Sr. Manager, Wage and Hour Compliance

Cell 262-949-1102

Efax 952-430-2260

Visit: <https://hr.bestbuy.com/web/myhr/-/wage-and-hour-laws>



From: Livingood, Cory

Sent: Wednesday, May 12, 2021 2:49 PM

To: Dacier, J.C. (LABOR) <J.C.Dacier@labor.ny.gov>

Subject: RE: [CAUTION! EXTERNAL] Best Buy's application for a bi-weekly pay variance

Thank you for the flexibility. The UPS shipment should arrive by Friday.

Thank you,

Cory Livingood

Sr. Manager, Wage and Hour Compliance

Cell 262-949-1102

Efax 952-430-2260

Visit: <https://hr.bestbuy.com/web/myhr/-/wage-and-hour-laws>



From: Dacier, J.C. (LABOR) <J.C.Dacier@labor.ny.gov>

Sent: Friday, May 7, 2021 2:18 PM

To: Livingood, Cory <Cory.Livingood@bestbuy.com>

Subject: [CAUTION! EXTERNAL] Best Buy's application for a bi-weekly pay variance



This message is from an external sender and could be a phish.



Slow down, read carefully and look for signs that it may be a phish. If you think it's malicious, click the report phish button or forward this email to phishing@bestbuy.com.

We are unable to open this attachment that you sent. Please open it and print it. Then send it by surface mail to my attention at the address shown beneath my name. Please do not attempt to send it electronically again.

Thank you for your kind cooperation in this matter.

Mr. J.C. Dacier

(Clem)

Investigative Officer 3

New York State Department of Labor | Division of Labor Standards

Room 185B PCU Building 12

Albany, NY 12240

Office: 518-485-6334 (direct) | j.c.dacler@labor.ny.gov

Facebook | Twitter | YouTube | LinkedIn

WE ARE YOUR PEOPLE



Department
of Labor

Division of Labor Standards
Permit and Certificate Unit
State Office Campus,
Building 12, Rm. 185B (PCU)
Albany, NY 12240

WE ARE YOUR DOL



**Application for
Authorization to Pay Manual Workers Less Frequently Than Weekly**

According to Section 191.1(a) of the Labor Law, an employer may qualify for a variance if

- In the 3 years preceding the application it has employed an average of 1,000 or more persons in this state, or
- for 1 year preceding the application it has employed an average of 1,000 or more persons in this state, and has for 3 years preceding the application it has employed an average of 3,000 or more persons outside the state
- it furnishes satisfactory proof of the continuing ability to meet its payroll responsibilities.

Answer the following questions and provide the requested information in order to apply for a variance to pay manual workers bi-weekly or semi-monthly:

1. Legal name of employer: _____
2. Trade name: _____
3. Address: _____
4. FEIN: _____

5. The person filing this application on behalf of the employer must complete and submit a letter of representation form found at this link:

<https://dol.ny.gov/system/files/documents/2021/03/ls11.pdf>

6. Are the manual workers covered by this request represented by a labor organization? Yes No

If yes, provide the name, title, address, direct phone number and e-mail address of any labor official at the local or national level who represents the employees in question. Use an additional sheet, if necessary.

6a. Name: _____ Title: _____
(print) (print)

6b. Address: _____

6c. Phone Number: _____ E-mail: _____

This application must be submitted with the items listed below and mailed to the address shown in the top left-hand corner of this form. All required items must come in a single mailing. Please do not submit any item pertaining to this application under separate cover.

- A) One recent pay period's computerized payroll record from any single NYS location. Those records should include the address of the location where the employees work and for each individual employee the following: i) first and last name and department or occupation; ii) wage rate; iii) hours worked; iv) gross wages paid; v) itemized deductions from wages; and, vi) net wages. Do not include employee SSNs or addresses or any other data not listed in this paragraph. Do not include payrolls from multiple pay periods or from multiple locations.

- B) A transcript of the number of individuals employed and remuneration paid as recorded on your business's quarterly NYS-45 reporting form for each quarter in each of the last three complete calendar years and for each completed quarter of the current calendar year. Under no circumstances should the business submit a copy of the original form. ✓

The information should be arranged in a spreadsheet or matrix format with an individual row for each quarter in each year showing (in ascending date order) the sums for the number of individuals employed and remuneration paid as reported for each year.

The transcript must be accompanied by a signed and notarized affidavit prepared by the business's legal counsel wherein the business's divisional vice president or department head responsible for filing the NYS-45 attests to the genuineness and accuracy of the figures contained in the transcript.

Commented [PP(1)]: Is it necessary to be prepared by legal counsel? It's certainly advisable to do so, but I'd refrain from making it seem like a requirement.

If your business is seeking to qualify for a variance under the 3,000 employee threshold described earlier in this form then your business must also submit the same kind of transcripts in the same form and content compiled from figures on analogous quarterly reporting forms used in other states or localities.

- C) Proof of the company's continued ability to meet its payroll responsibilities including but not limited to an opinion letter from a certified public accountant affirming that the employer has not defaulted on any of its payroll obligations over the course of the three fiscal years preceding this application. ✓

- D) If the manual workers in New York State are represented by any labor organization the employer must include letters from the appropriate union officials giving their assent to the requested pay period extension, or a copy of a contract in effect wherein a bi-weekly or semi-monthly pay period has been agreed upon.

- E) Proof of employer's coverage for workers' compensation insurance. Acceptable forms are: C-105.2; U-26.3; SI-12, GSI-105.2. ✓

Acord liability insurance forms are not accepted as proof of workers' compensation coverage.

- F) Proof of employer's coverage for disability insurance. Acceptable forms are: DB 120.1; DB-155. ✓

- G) Proof of no outstanding warrants for failure to remit state personal income tax withholdings. Proof is obtained by writing to the New York State Department of Taxation and Finance (address below) to issue a letter certifying that fact. Be sure to reference the Federal Employer Identification Number (FEIN). ✓

The letter must accompany the application, do not submit it under separate cover.

New York State Department of Tax and Finance
Disclosure and Government Exchange
Attention: Thomas Engle, Tax Technician III
Building #8, Room 700
NYS Office Building Campus
Albany, NY 12227
Phone: 518-530-4362

- H) Proof that there are no outstanding warrants against the employer for failure to remit unemployment insurance contributions. The Division of Unemployment Insurance may provide proof to us directly, if a responsible officer of the employer executes the attached RELEASE FORM. ✓



7601 Penn Avenue
Richfield, MN 55423

Mr. J.C. Dacier
New York State Dept of Labor
Room 185B PCU Building 12
Albany, NY 12240

RECEIVED
NYS DEPARTMENT OF LABOR

JUN 21 2021

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

June 15, 2021

Dear Mr. Dacier,

I've included the additional requested information for the payroll waiver request for Best Buy Stores, L.P. per your response dated 5/19/21.

- 1) Cover letter from our SVP of Finance affirming that Best Buy has no payroll debt beyond 30 days past due
- 2) One recent pay period's payroll records for one NY location showing names, hours worked, gross wages, itemized deductions and net wages paid
- 3) Best Buy's NYS-45 reporting forms, one for each of the four quarters in 2018, 2019 and 2020

Please let me know if you have any questions regarding our submission.

Thank you,
Cory Livingood
Sr. Manager, Wage and Hour Compliance
Cell 262-949-1102
Efax 952-430-2260

Attestation: I the undersigned applicant, as a responsible official of this firm, attest that the number of employees employed by the above-named employer has (check one):

- in the 3 years preceding this application employed an average of 1,000 or more persons in New York State or.
- has for 1 year preceding this application employed an average of 1,000 or more persons in New York State and has for 3 years preceding the application employed an average of 3,000 or more persons outside the state.

Name: _____ Title: _____

Signature: _____ Date: _____

There is no application fee.

Release Form – Disclosure Information

Pursuant to the request, initiated by,

(Print legal name of EMPLOYER)

to pay its manual workers on a bi-weekly or semi-monthly basis,

(print NAME of responsible officer signing release form)

(print TITLE of responsible officer signing release form)

hereby authorize the Division of Unemployment Insurance to disclose to the Permit and Certificate Unit of the Division of Labor Standards of New York State Department of Labor its record, if any, of said employer's Unemployment Insurance tax liabilities.

(print Federal Employer Identification Number FEIN)

(print Unemployment Insurance Employer Registration Number ER#)

Signature

Date

New York State Department of Labor
Division of Labor Standards
W. Averell Harriman State Office Campus, Bldg. 12, Rm. 185B PCU, Albany, NY
12240 Phone: (518) 457-1942 Fax: (518) 457-2731
labor2dd22d@labor.ny.gov

Division of Labor Standards
Permit and Certificate Unit
State Office Campus,
Building 12, Rm. 185B (PCU)
Albany, NY 12240

WE ARE YOUR DOL



**Application for
Authorization to Pay Manual Workers Less Frequently Than Weekly**

According to Section 191.1(a) of the Labor Law, an employer may qualify for a variance if

- in the 3 years preceding the application it has employed an average of 1,000 or more persons in this state, or
- for 1 year preceding the application it has employed an average of 1,000 or more persons in this state, and has for 3 years preceding the application it has employed an average of 3,000 or more persons outside the state
- It furnishes satisfactory proof of the continuing ability to meet its payroll responsibilities.

Answer the following questions and provide the requested information in order to apply for a variance to pay manual workers bi-weekly or semi-monthly:

1. Legal name of employer: _____
2. Trade name: _____
3. Address: _____
4. FEIN: _____

5. The person filing this application on behalf of the employer must complete and submit a letter of representation form found at this link:

<https://dol.ny.gov/system/files/documents/2021/03/lr11.pdf>

6. Are the manual workers covered by this request represented by a labor organization? Yes No

If yes, provide the name, title, address, direct phone number and e-mail address of any labor official at the local or national level who represents the employees in question. Use an additional sheet, if necessary.

6a. Name: _____ Title: _____
(print) (print)

6b. Address: _____

6c. Phone Number: _____ E-mail: _____

This application must be submitted with the items listed below and mailed to the address shown in the top left-hand corner of this form. All required items must come in a single mailing. Please do not submit any item pertaining to this application under separate cover.

- A) One recent pay period's computerized payroll record from any single NYS location. Those records should include the address of the location where the employees work and for each individual employee the following: i) first and last name and department or occupation; ii) wage rate; iii) hours worked; iv) gross wages paid; v) itemized deductions from wages; and, vi) net wages. Do not include employee SSNs or addresses or any other data not listed in this paragraph. Do not include payrolls from multiple pay periods or from multiple locations.

- B) A transcript of the number of individuals employed and remuneration paid as recorded on your business's quarterly NYS-45 reporting form for each quarter in each of the last three complete calendar years and for each completed quarter of the current calendar year. Under no circumstances should the business submit a copy of the original form.

The information should be arranged in a spreadsheet or matrix format with an individual row for each quarter in each year showing (in ascending date order) the sums for the number of individuals employed and remuneration paid as reported for each year.

The transcript must be accompanied by a signed and notarized affidavit prepared by the business's legal counsel wherein the business's divisional vice president or department head responsible for filing the NYS-45 attests to the genuineness and accuracy of the figures contained in the transcript.

Commented [PP(1)]: Is it necessary to be prepared by legal counsel? It's certainly advisable to do so, but I'd refrain from making it seem like a requirement.

If your business is seeking to qualify for a variance under the 3,000 employee threshold described earlier in this form then your business must also submit the same kind of transcripts in the same form and content compiled from figures on analogous quarterly reporting forms used in other states or localities.

- C) Proof of the company's continued ability to meet its payroll responsibilities including but not limited to an opinion letter from a certified public accountant affirming that the employer has not defaulted on any of its payroll obligations over the course of the three fiscal years preceding this application.
- D) If the manual workers in New York State are represented by any labor organization the employer must include letters from the appropriate union officials giving their assent to the requested pay period extension, or a copy of a contract in effect wherein a bi-weekly or semi-monthly pay period has been agreed upon.
- E) Proof of employer's coverage for workers' compensation insurance. Acceptable forms are: C-105.2; U-26.3; SI-12, GSI-105.2.

Acord liability insurance forms are not accepted as proof of workers' compensation coverage.

- F) Proof of employer's coverage for disability insurance. Acceptable forms are: DB 120.1; DB-155.
- G) Proof of no outstanding warrants for failure to remit state personal income tax withholdings. Proof is obtained by writing to the New York State Department of Taxation and Finance (address below) to issue a letter certifying that fact. Be sure to reference the Federal Employer Identification Number (FEIN).

The letter must accompany the application, do not submit it under separate cover.

New York State Department of Tax and Finance
Disclosure and Government Exchange
Attention: Thomas Engle, Tax Technician III
Building #8, Room 700
NYS Office Building Campus
Albany, NY 12227
Phone: 518-530-4362

- H) Proof that there are no outstanding warrants against the employer for failure to remit unemployment insurance contributions. The Division of Unemployment Insurance may provide proof to us directly, if a responsible officer of the employer executes the attached RELEASE FORM.

Attestation: I the undersigned applicant, as a responsible official of this firm, attest that the number of employees employed by the above-named employer has (check one):

- in the 3 years preceding this application employed an average of 1,000 or more persons in New York State or
- has for 1 year preceding this application employed an average of 1,000 or more persons in New York State and has for 3 years preceding the application employed an average of 3,000 or more persons outside the state.

Name: _____ Title: _____

Signature: _____ Date: _____

There is no application fee.

Release Form – Disclosure Information

Pursuant to the request, initiated by,

(Print legal name of EMPLOYER)

to pay its manual workers on a bi-weekly or semi-monthly basis,

(print NAME of responsible officer signing release form)

(print TITLE of responsible officer signing release form)

hereby authorize the Division of Unemployment Insurance to disclose to the Permit and Certificate Unit of the Division of Labor Standards of New York State Department of Labor its record, if any, of said employer's Unemployment Insurance tax liabilities.

(print Federal Employer Identification Number FEIN)

(print Unemployment Insurance Employer Registration Number ER#)

Signature

Date

New York State Department of Labor
Division of Labor Standards
W. Averell Harriman State Office Campus, Bldg. 12, Rm. 185B PCU, Albany, NY
12240 Phone: (518) 457-1942 Fax: (518) 457-2731
labor2dd22d@labor.ny.gov

FIT	175.66	MEDICARE	22.54
SS	96.38	SDI1-NY	8.35
SIT-NY	72.23	CITY-New York	46.90
Roth 401k	73.68	Dental(P)	2.59
Medical(P)	76.52	Vision(P)	0.60

□ BBY US Business Group Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id: 7 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Harichand , Rishi M Federal [REDACTED] Run Type: Regular
 Assignment No: 1113832 NY [REDACTED] Pay Rate: 31.18
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 3084.25
 Consolidation: BIWkly Freq 2 Gross Pay: 3039.00
 GRE Name: Best Buy Stores, L.P. Net Pay: 1996.54
 Organization: 000483-Rego Park-Best Net Payments: 1996.54
 Location: 000483 Date Paid: 11-JUN-2021

Current

Current

Hours:

Base Rate wk2 H	40.32	BEN_Holiday Hou	8.00
OT Prem wk2 Hou	8.67	PTO_Personal Ho	40.00

Earnings:

Base Rate wk2	1257.19	Holiday	249.44
OT .5 Prem wk2	135.17	PTO	1247.20
Imputed Life	0.66	Merchandise Rcv	44.59
Lump Sum	150.00		

Deductions:



Rpt Seq Id: 8 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Colobong , Brian S Federal [REDACTED] Run Type: Regular
 Assignment No: 1050877 NY [REDACTED] Pay Rate: 24.72
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 2337.86
 Consolidation: BIWkly Freq 2 Gross Pay: 2337.74
 GRE Name: Best Buy Stores, L.P. Net Pay: 1436.55
 Organization: 000483-Rego Park-Conne Net Payments: 1436.55

Location: 000483

Date Paid: 11-JUN-2021

Current

Current

BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021

Ending Pay Date:11-JUN-2021

Hours:

Base Rate wk1 H	41.23	Base Rate wk2 H	18.03
BEN_Holiday Hou	8.00	OT Prem wk1 Hou	1.23
OT Prem wk2 Hou	9.25	PTO_Personal Ho	16.00

Earnings:

Base Rate wk1	1019.21	Base Rate wk2	445.71
Holiday	197.76	OT .5 Prem wk1	15.21
OT .5 Prem wk2	114.33	PTO	395.52
Imputed Life	0.12	Lump Sum	150.00



Rpt Seq Id: 9	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Dwarkah, Joshua	Federal		Run Type:	Regular
Assignment No: 1157308	NY		Pay Rate:	26.78
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings:	2929.44
Consolidation: BiWkly Freq 2			Gross Pay:	2929.25
GRE Name: Best Buy Stores, L.P.			Net Pay:	2094.06
Organization: 000483-Rego Park-Conne			Net Payments:	2094.06
Location: 000483			Date Paid:	11-JUN-2021

Current

Current

Hours:

Base Rate wk1 H	32.00	Base Rate wk2 H	45.02
BEN_Holiday Hou	8.00	OT Prem wk2 Hou	11.52
Previous Period	5.00	PTO_Sick Bank H	8.00

Earnings:

Base Rate wk1	856.97	Base Rate wk2	1205.64
Holiday	214.24	OT .5 Prem wk2	154.26

Previous Period 133.90 Sick Bank 214.24
 Imputed Life 0.19 Lump Sum 150.00
 BBY US Business Group Report Date: 15-JUN-2021

Payroll Register
 Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Deductions:

FIT	218.88	MEDICARE	42.47
SS	181.62	SDI1-NY	14.97
SIT-NY	140.15	CITY-New York	98.34
401k(P)	138.96		

Rpt Seq Id:	10	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name:	Bautista , Erika Amand	Federal		Run Type:	Regular
Assignment No:	1433646	NY		Pay Rate:	19.08
Payroll Name:	Bwkly 2 BBY US Bank			Gross Earnings:	2118.11
Consolidation:	BIWkly Freq 2			Gross Pay:	2118.11
GRE Name:	Best Buy Stores, L.P.			Net Pay:	1488.49
Organization:	000483-Rego Park-Digit			Net Payments:	1488.49
Location:	000483			Date Paid:	11-JUN-2021

	Current		Current
Hours:			
Base Rate wk1 H	39.30	Base Rate wk2 H	39.00
		BEN_Holiday Hou	8.00
OT Prem wk2 Hou	7.78		

Earnings:

Base Rate wk1	749.85	Base Rate wk2	744.13
Holiday	152.64	OT .5 Prem wk2	74.23
Lump Sum	150.00	Quarterly Bonus	247.26

Deductions:



BBY US Business Group Report Date: 15-JUN-2021
 Payroll Register
 Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id:	11	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name:	Chin , Linden Carlton	Federal		Run Type:	Regular
Assignment No:	1383008	NY		Pay Rate:	18.75

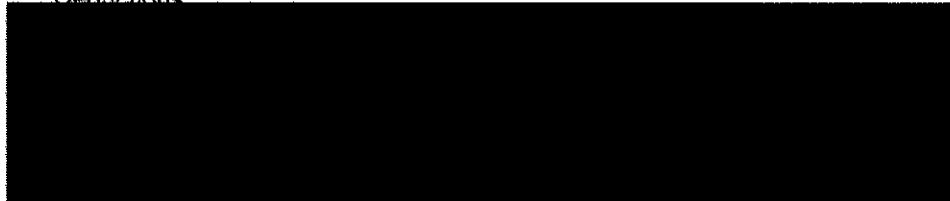
Payroll Name: Bwkly 2 BBY US Bank
Consolidation: BiWkly Freq 2
GRE Name: Best Buy Stores, L.P.
Organization: 000483-Rego Park-Digit
Location: 000483

Gross Earnings: 2000.79
Gross Pay: 1981.77
Net Pay: 1302.81
Net Payments: 1302.81
Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	40.00	Base Rate wk2 H	31.19
BEN_Holiday Hou	8.00	OT Prem wk2 Hou	8.32

Earnings:			
Base Rate wk1	750.00	Base Rate wk2	584.82
Holiday	150.00	OT .5 Prem wk2	78.00
Merchandise Rcv	19.02	Lump Sum	150.00
Quarterly Bonus	268.95		

Deductions:



Rpt Seq Id: 12	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Woods, Maleik	Federal		Run Type:	Regular
Assignment No: 2999745	NY		Pay Rate:	20.14
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings:	2886.77
Consolidation: BiWkly Freq 2			Gross Pay:	2772.58
GRE Name: Best Buy Stores, L.P.			Net Pay:	1729.58
Organization: 000483-Rego Park-Digit			Net Payments:	1729.58
Location: 000483			Date Paid:	11-JUN-2021

Current BBY US Business Group Current Report Date: 15-JUN-2021
Payroll Register
Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Hours:			
Base Rate wk1 H	37.28	Base Rate wk2 H	36.83
		BEN_Holiday Hou	8.00
OT Prem wk2 Hou	6.63		

Earnings:			
Base Rate wk1	750.82	Base Rate wk2	741.76
Holiday	161.12	OT .5 Prem wk2	66.77

Merchandise Rcv 114.19 Lump Sum 150.00
Quarterly Bonus 902.11

Deductions:



Rpt Seq Id: 13 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Chan, Aaron Federal Run Type: Regular
Assignment No: 1539260 NY Pay Rate: 17.00
Payroll Name: Bwklly 2 BBY US Bank Gross Earnings: 1356.65
Consolidation: BIWkly Freq 2 Gross Pay: 1307.02
GRE Name: Best Buy Stores, L.P. Net Pay: 858.56
Organization: 000483-Rego Park-Front Net Payments: 858.56
Location: 000483 Date Paid: 11-JUN-2021

Current Current
Hours:
PTO Absence wk2 4.00 Base Rate wk1 H 28.05
Base Rate wk2 H 28.22 OT Prem wk2 Hou 5.07

Earnings:
Absence wk2 68.00 Base Rate wk1 476.85
Base Rate wk2 479.74 OT .5 Prem wk2 43.10
Merchandise Rcv 49.63 Lump Sum 150.00
Gift Card GU 89.33

BBY US Business Group Report Date: 15-JUN-2021

Payroll Register
Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Deductions:



Rpt Seq Id: 14 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Cortazar, Dexter Josh Federal Run Type: Regular
Assignment No: 1033304-3 NY Pay Rate: 20.00
Payroll Name: Bwklly 2 BBY US Bank Gross Earnings: 1353.50

Consolidation: BIWkly Freq 2
GRE Name: Best Buy Stores, L.P.
Organization: 000483-Rego Park-Front
Location: 000483

Gross Pay: 1353.50
Net Pay: 1032.42
Net Payments: 1032.42
Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	31.05	Base Rate wk2 H	26.11
OT Prem wk2 Hou	6.03		

Earnings:			
Base Rate wk1	621.00	Base Rate wk2	522.20
OT .5 Prem wk2	60.30	Lump Sum	150.00

Deductions:



Rpt Seq Id: 15 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Diazdelcastillo, Migu Federal Run Type: Regular
Assignment No: 1293989 NY Pay Rate: 17.66
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1059.23
Consolidation: BIWkly Freq 2 Gross Pay: 1054.13
GRE Name: Best Buy Stores, L.P. Net Pay: 760.98
Organization: 000483-Rego Park-Front Net Payments: 760.98
Location: 000483 Date Paid: 11-JUN-2021

BBY US Business Group Report Date: 15-JUN-2021
Payroll Register
Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Hours:			
Base Rate wk1 H	24.28	Base Rate wk2 H	23.80
OT Prem wk2 Hou	6.23		

Earnings:			
Base Rate wk1	428.79	Base Rate wk2	420.32
OT .5 Prem wk2	55.02	Merchandise Rcv	5.10
Lump Sum	150.00		

Deductions:



Rpt Seq Id: 16 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Lee, Jorge Alberto Federal NY Run Type: Regular
Assignment No: 1019651 NY Pay Rate: 20.42
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1834.05
Consolidation: BiWkly Freq 2 Gross Pay: 1834.05
GRE Name: Best Buy Stores, L.P. Net Pay: 1238.67
Organization: 000483-Rego Park-Front Net Payments: 1238.67
Location: 000483 Date Paid: 11-JUN-2021

Current Current
Hours:
Base Rate wk1 H 21.20 Base Rate wk2 H 23.27
BEN_Holiday Hou 8.00 PTO_Personal Ho 30.00

Earnings:
Base Rate wk1 432.91 Base Rate wk2 475.18
Holiday 163.36 PTO 612.60
Lump Sum 150.00

Deductions:



□ BBY US Business Group Report Date: 15-JUN-2021

Payroll Register
Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id: 17 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Martinez, Monique Ner Federal NY Run Type: Regular
Assignment No: 1529044 NY Pay Rate: 18.00
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1439.83
Consolidation: BiWkly Freq 2 Gross Pay: 1383.99
GRE Name: Best Buy Stores, L.P. Net Pay: 1036.78
Organization: 000483-Rego Park-Front Net Payments: 1036.78
Location: 000483 Date Paid: 11-JUN-2021

Current Current
Hours:
Base Rate wk1 H 29.40 Base Rate wk2 H 35.58
OT Prem wk2 Hou 7.15

Earnings:
Base Rate wk1 529.20 Base Rate wk2 640.44

OT .5 Prem wk2	64.35	Merchandise Rcv	55.84
Lump Sum	150.00		
Deductions:			
FIT		MEDICARE	20.87
SS		SDI1-NY	7.35
SIT-NY		CITY-New York	42.14

Rpt Seq Id: 18	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Mitra , Ashik	Federal		Run Type:	Regular
Assignment No: 1417117	NY		Pay Rate:	20.50
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings:	1655.74
Consolidation: BiWkly Freq 2			Gross Pay:	1655.74
GRE Name: Best Buy Stores, L.P.			Net Pay:	1143.21
Organization: 000483-Rego Park-Front			Net Payments:	1143.21
Location: 000483			Date Paid:	11-JUN-2021

Current	Current
Hours:	
Base Rate wk1 H 33.98	Base Rate wk2 H 31.47
BEN_Holiday Hou 8.00	

BBY US Business Group Report Date: 15-JUN-2021

Payroll Register
Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Earnings:			
Base Rate wk1	696.60	Base Rate wk2	645.14
Holiday	164.00	Lump Sum	150.00

Deductions:



Rpt Seq Id: 19	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Louis , Remy C	Federal		Run Type:	Regular
Assignment No: 1078123	NY		Pay Rate:	19.14
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings:	1646.96
Consolidation: BiWkly Freq 2			Gross Pay:	1646.96
GRE Name: Best Buy Stores, L.P.			Net Pay:	1197.32
Organization: 000483-Rego Park-Home			Net Payments:	1197.32
Location: 000483			Date Paid:	11-JUN-2021

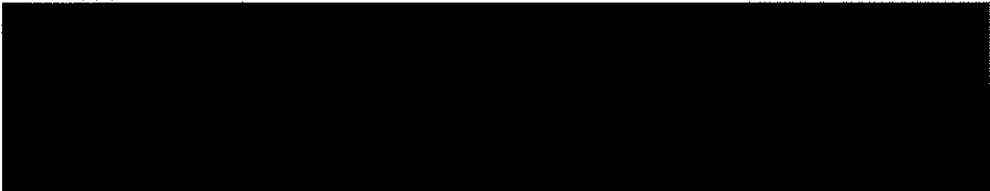
Current	Current
Hours:	

Base Rate wk1 H 31.32 Base Rate wk2 H 35.15
BEN_Holiday Hou 8.00 OT Prem wk2 Hou 7.48

Earnings:

Base Rate wk1 599.47 Base Rate wk2 672.78
Holiday 153.12 OT .5 Prem wk2 71.59
Lump Sum 150.00

Deductions:



Rpt Seq Id: 20 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Mui, Scott Federal [REDACTED] Run Type: Regular
Assignment No: 186148 NY [REDACTED] Pay Rate: 32.61
Payroll Name: Bwklly 2 BBY US Bank Gross Earnings: 2887.57
Consolidation: BIWkly Freq 2 Gross Pay: 2816.89
GRE Name: Best Buy Stores, L.P. Net Pay: 2268.80
Organization: 000483-Rego Park-Home Net Payments: 2268.80
Location: 000483 Date Paid: 11-JUN-2021
 BBY US Business Group Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Payment Method: Direct Deposit Date Paid: 11-JUN-2021 Check/Advice 3983613302 Amount: 2268
Bank Name: Unavailable Routing No. [REDACTED] Account No.: [REDACTED]
Current Current

Hours:

Base Rate wk1 H 40.29 Base Rate wk2 H 33.35
BEN_Holiday Hou 8.00 OT Prem wk1 Hou 0.28

Earnings:

Base Rate wk1 1313.89 Base Rate wk2 1087.55
Holiday 260.88 OT .5 Prem wk1 4.57
Imputed Life 0.70 Merchandise Rcv 69.98
Lump Sum 150.00

Deductions:



BBY US Business Group

Report Date: 15-JUN-2021

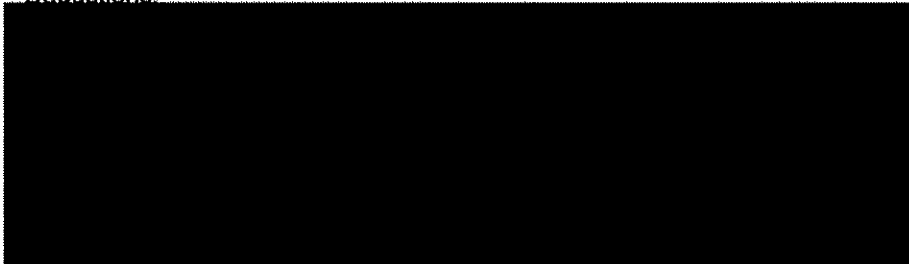
Payroll Register
 Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id: 21	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Sharmin , Sadia	Federal		Run Type:	Regular
Assignment No: 1374739	NY		Pay Rate:	26.53
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings:	3122.63
Consolidation: BIWkly Freq 2			Gross Pay:	2832.76
GRE Name: Best Buy Stores, L.P.			Net Pay:	1666.00
Organization: 000483-Rego Park-Home			Net Payments:	1666.00
Location: 000483			Date Paid:	11-JUN-2021

Current	Current
Hours:	
Base Rate wk1 H 40.08	Base Rate wk2 H 47.75
BEN_Holiday Hou 8.00	OT Prem wk1 Hou 0.08
OT Prem wk2 Hou 10.50	

Earnings:	
Base Rate wk1 1063.34	Base Rate wk2 1266.82
Holiday 212.24	OT .5 Prem wk1 1.07
OT .5 Prem wk2 139.29	Imputed Life 0.17
Merchandise Rcv 289.70	Lump Sum 150.00

Deductions:



Rpt Seq Id: 22	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Vasco , Matthew Davis	Federal		Run Type:	Regular
Assignment No: 1546260	NY		Pay Rate:	18.25
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings:	1700.26
Consolidation: BIWkly Freq 2			Gross Pay:	1700.26
GRE Name: Best Buy Stores, L.P.			Net Pay:	1119.16
Organization: 000483-Rego Park-Home			Net Payments:	1119.16
Location: 000483			Date Paid:	11-JUN-2021
<input type="checkbox"/> BBY US Business Group			Report Date:	15-JUN-2021

Payroll Register
 Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Current	Current
Hours:	
Base Rate wk1 H 38.80	Base Rate wk2 H 34.92

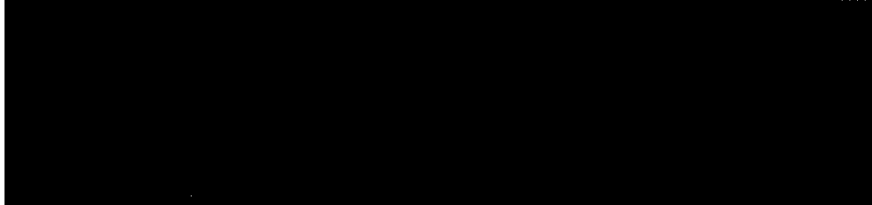
BEN Holiday Hou 8.00

OT Prem wk2 Hou 6.45

Earnings:

Base Rate wk1	708.10	Base Rate wk2	637.30
Holiday	146.00	OT .5 Prem wk2	58.86
Lump Sum	150.00		

Deductions:



Rpt Seq Id: 23	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Cepero, Josiah	Federal		Run Type:	Regular
Assignment No: 1454439	NY		Pay Rate:	19.00
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings:	2166.51
Consolidation: BiWkly Freq 2			Gross Pay:	2166.51
GRE Name: Best Buy Stores, L.P.			Net Pay:	1521.82
Organization: 000483-Rego Park-Home			Net Payments:	1521.82
Location: 000483			Date Paid:	11-JUN-2021

Current

Current

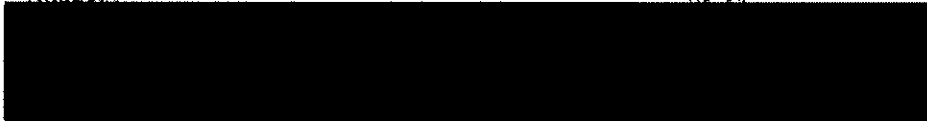
Hours:

Base Rate wk1 H	37.52	Base Rate wk2 H	38.34
BEN_Holiday Hou	8.00	OT Prem wk2 Hou	8.52
PTO_Personal Ho	8.00		

Earnings:

Base Rate wk1	712.88	Base Rate wk2	728.46
Holiday	152.00	OT .5 Prem wk2	80.94
PTO	152.00	Lump Sum	150.00
Quarterly Bonus	190.23		

Deductions:



Report Date: 15-JUN-2021

BBY US Business Group

Payroll Register

Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Rpt Seq Id: 24	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Fontanez, Adam	Federal		Run Type:	Regular
Assignment No: 1220213	NY		Pay Rate:	19.68
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings:	1949.48

Consolidation: BIWkly Freq 2
GRE Name: Best Buy Stores, L.P.
Organization: 000483-Rego Park-Home
Location: 000483

Gross Pay: 1895.79
Net Pay: 1328.54
Net Payments: 1328.54
Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	35.92	Base Rate wk2 H	35.18
BEN_Holiday Hou	8.00		

Earnings:			
Base Rate wk1	706.91	Base Rate wk2	692.35
Holiday	157.44	Merchandise Rcv	53.69
Lump Sum	150.00	Quarterly Bonus	189.09

Deductions:

Rpt Seq Id: 25 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Khan, Abu Sayed Federal [REDACTED] Run Type: Regular
Assignment No: 1363115 NY [REDACTED] Pay Rate: 20.00
Payroll Name: Bwkly 2 BBY US Bank [REDACTED] Gross Earnings: 2714.11
Consolidation: BIWkly Freq 2 Gross Pay: 2698.03
GRE Name: Best Buy Stores, L.P. Net Pay: 1667.39
Organization: 000483-Rego Park-Home Net Payments: 1667.39
Location: 000483 Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	40.00	Base Rate wk2 H	34.13
BEN_Holiday Hou	8.00		
OT Prem wk2 Hou	9.35	PTO_Vacation Ho	8.00

BBY US Business Group Report Date: 15-JUN-2021

Payroll Register
Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Earnings:			
Base Rate wk1	800.00	Base Rate wk2	682.60
Holiday	160.00	OT .5 Prem wk2	93.50
Vacation	160.00	Merchandise Rcv	16.08
Lump Sum	150.00	Quarterly Bonus	651.93

Deductions:

Regular Salary 80.00

Earnings:

Regular Salary 3001.65 Imputed Life 1.20
Merchandise Rcv 27.19

Deductions:



□ BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id: 28 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Abouhasswa , omar Federal [REDACTED] Run Type: Regular
Assignment No: 1547933 NY [REDACTED] Pay Rate: 16.50
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 150.00
Consolidation: BiWkly Freq 2 Gross Pay: 150.00
GRE Name: Best Buy Stores, L.P. Net Pay: 83.94
Organization: 000483-Rego Park-Produ Net Payments: 83.94
Location: 000483 Date Paid: 11-JUN-2021

Current Current

Hours:

Earnings:

Lump Sum 150.00

Deductions:



Rpt Seq Id: 29 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Beepat , Anthony Chris Federal [REDACTED] Run Type: Regular
Assignment No: 1454019 NY [REDACTED] Pay Rate: 17.14
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1182.12
Consolidation: BiWkly Freq 2 Gross Pay: 1182.12
GRE Name: Best Buy Stores, L.P. Net Pay: 872.92



Run

Employee Name: Banna , Mirza Federal [Redacted] Run Type: Regular
 Assignment No: 493164-2 NY [Redacted] Pay Rate: 3128.99
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 3130.17
 Consolidation: BiWkly Freq 2 Gross Pay: 3128.99
 GRE Name: Best Buy Stores, L.P. Net Pay: 1954.62
 Organization: 000483-Rego Park-Manag Net Payments: 1954.62
 Location: 000483 Date Paid: 11-JUN-2021

Current

Current

Hours:

Regular Salary 80.00

Earnings:

Regular Salary 3128.99 Imputed Life 1.18

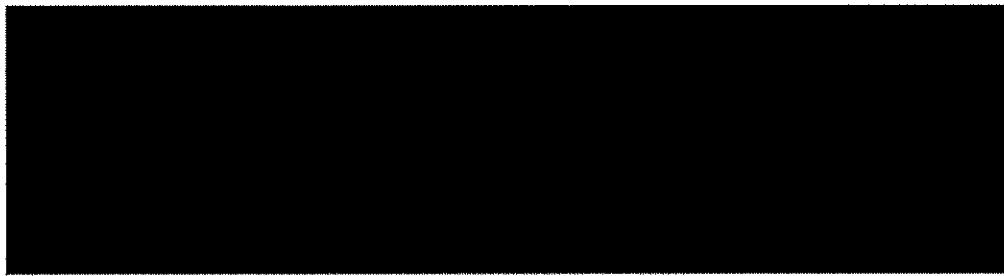
BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Deductions:



Rpt Seq Id: 27 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Blandino , Francheska Federal [Redacted] Run Type: Regular
 Assignment No: 4626 NY [Redacted] Pay Rate: 3001.65
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 3030.04
 Consolidation: BiWkly Freq 2 Gross Pay: 3001.65
 GRE Name: Best Buy Stores, L.P. Net Pay: 1801.18
 Organization: 000483-Rego Park-Manag Net Payments: 1801.18
 Location: 000483 Date Paid: 11-JUN-2021

Current

Current

Hours:

Organization: 000483-Rego Park-Produ
Location: 000483

Net Payments: 872.92
Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	26.34	Base Rate wk2 H	30.86
OT Prem wk2 Hou	6.03		

Earnings:			
Base Rate wk1	451.48	Base Rate wk2	528.96
OT .5 Prem wk2	51.68	Lump Sum	150.00

Deductions:



BBY US Business Group Report Date: 15-JUN-2021

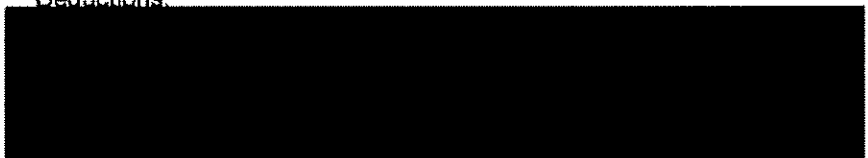
Payroll Register
Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id: 30	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Chestnut, Joel	Federal		Run Type:	Regular
Assignment No: 1447359	NY		Pay Rate:	17.11
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings:	1309.02
Consolidation: BIWkly Freq 2			Gross Pay:	1300.07
GRE Name: Best Buy Stores, L.P.			Net Pay:	932.83
Organization: 000483-Rego Park-Produ			Net Payments:	932.83
Location: 000483			Date Paid:	11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	31.72	Base Rate wk2 H	32.03
OT Prem wk2 Hou	6.93		

Earnings:			
Base Rate wk1	542.73	Base Rate wk2	548.05
OT .5 Prem wk2	59.29	Merchandise Rcv	8.95
Lump Sum	150.00		

Deductions:



BBY US Business Group Report Date: 15-JUN-2021

Payroll Register
Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id: 31 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Cox, Oshon Matthew M Federal Run Type: Regular
Assignment No: 1161712 NY Pay Rate: 20.00
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1864.80
Consolidation: BiWkly Freq 2 Gross Pay: 1864.80
GRE Name: Best Buy Stores, L.P. Net Pay: 1286.03
Organization: 000483-Rego Park-Produ Net Payments: 1286.03
Location: 000483 Date Paid: 11-JUN-2021

Current Current
Hours:
Base Rate wk1 H 37.78 Base Rate wk2 H 36.75
BEN_Holiday Hou 8.00
OT Prem wk2 Hou 6.42

Earnings:
Base Rate wk1 755.60 Base Rate wk2 735.00
Holiday 160.00 OT .5 Prem wk2 64.20
Lump Sum 150.00
Deductions:



Rpt Seq Id: 32 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Dushi, Drilon Federal Run Type: Regular
Assignment No: 1505426 NY Pay Rate: 18.22
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1529.19
Consolidation: BiWkly Freq 2 Gross Pay: 1521.06
GRE Name: Best Buy Stores, L.P. Net Pay: 1146.77
Organization: 000483-Rego Park-Produ Net Payments: 1146.77
Location: 000483 Date Paid: 11-JUN-2021

Current Current
Hours:
PTO Absence wk1 8.00 Base Rate wk1 H 32.48
Base Rate wk2 H 34.77
BBY US Business Group Report Date: 15-JUN-2021

Payroll Register
Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Earnings:
Absence wk1 145.76 Base Rate wk1 591.79

Base Rate wk2 633.51 Merchandise Rcv 8.13
Lump Sum 150.00
Deductions:



Rpt Seq Id: 33 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Dwajoo, Michael Federal Run Type: Regular
Assignment No: 1436562-2 NY Pay Rate: 17.14
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 774.34
Consolidation: BiWkly Freq 2 Gross Pay: 768.42
GRE Name: Best Buy Stores, L.P. Net Pay: 578.49
Organization: 000483-Rego Park-Produ Net Payments: 578.49
Location: 000483 Date Paid: 11-JUN-2021

Current Current
Hours:
Base Rate wk1 H 16.75 Base Rate wk2 H 19.33

Earnings:
Base Rate wk1 287.10 Base Rate wk2 331.32
Merchandise Rcv 5.92 Lump Sum 150.00

Deductions:



Rpt Seq Id: 34 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Figueroa, Leslie Brit Federal Run Type: Regular
Assignment No: 1274579 NY Pay Rate: 17.96
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1347.04
Consolidation: BiWkly Freq 2 Gross Pay: 1295.87
GRE Name: Best Buy Stores, L.P. Net Pay: 892.40
Organization: 000483-Rego Park-Produ Net Payments: 892.40
Location: 000483 Date Paid: 11-JUN-2021

BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

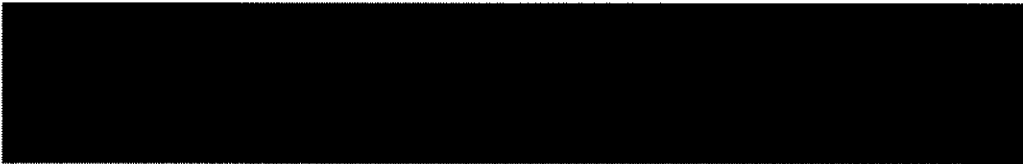
Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Current Current
Hours:
Base Rate wk1 H 29.67 Base Rate wk2 H 30.48
OT Prem wk2 Hou 7.30

Earnings:

Base Rate wk1	532.88	Base Rate wk2	547.43
OT .5 Prem wk2	65.56	Merchandise Rcv	51.17
Lump Sum	150.00		

Deductions:



Rpt Seq Id: 35 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Garrido , Alejandra Federal [Redacted] Run Type: Regular
Assignment No: 703239 NY [Redacted] Pay Rate: 19.91
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 2065.05
Consolidation: BiWkly Freq 2 Gross Pay: 2065.05
GRE Name: Best Buy Stores, L.P. Net Pay: 1400.81
Organization: 000483-Rego Park-Produ Net Payments: 1400.81
Location: 000483 Date Paid: 11-JUN-2021

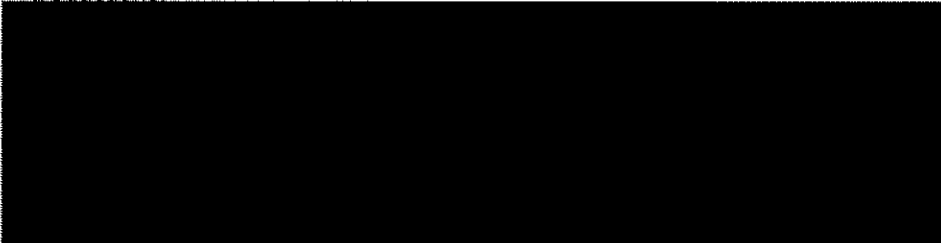
	Current		Current
Hours:			
Base Rate wk1 H	36.48	Base Rate wk2 H	38.48
BEN_Holiday Hou	8.00	OT Prem wk2 Hou	8.45
PTO_Personal Ho	5.00	Previous Period	4.00

Earnings:

Base Rate wk1	726.32	Base Rate wk2	766.14
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Deductions:



BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id: 36 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Genao , Ivanna Federal [Redacted] Run Type: Regular
Assignment No: 1386952 NY [Redacted] Pay Rate: 19.24

Payroll Name: Bwkly 2 BBY US Bank
Consolidation: BiWkly Freq 2
GRE Name: Best Buy Stores, L.P.
Organization: 000483-Rego Park-Produ
Location: 000483

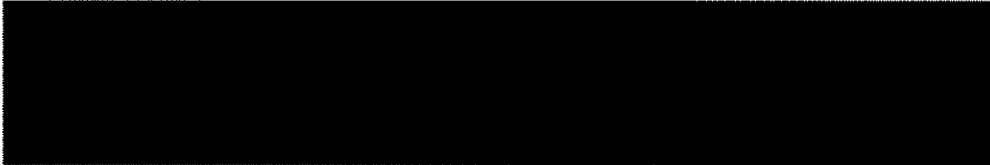
Gross Earnings: 1795.75
Gross Pay: 1772.43
Net Pay: 1277.73
Net Payments: 1277.73
Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	36.95	Base Rate wk2 H	35.70
BEN_Holiday Hou	8.00	OT Prem wk2 Hou	7.35

Earnings:

Base Rate wk1	710.92	Base Rate wk2	686.88
Holiday	153.92	OT .5 Prem wk2	70.71
Merchandise Rcv	23.32	Lump Sum	150.00

Deductions:



Rpt Seq Id: 37 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Leija , Melissa Federal NY Run Type: Regular
Assignment No: 914566 NY Pay Rate: 18.96
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1627.18
Consolidation: BiWkly Freq 2 Gross Pay: 1627.18
GRE Name: Best Buy Stores, L.P. Net Pay: 1210.85
Organization: 000483-Rego Park-Produ Net Payments: 1210.85
Location: 000483 Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	22.13	Base Rate wk2 H	37.78
		BEN_Holiday Hou	8.00
PTO_Personal Ho	10.00		

BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Earnings:

Base Rate wk1	419.59	Base Rate wk2	716.31
Holiday	151.68	PTO	189.60
Lump Sum	150.00		

Deductions:





Rpt Seq Id: 38 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Najera , Edgar Federal Run Type: Regular
 Assignment No: 1499043 NY Pay Rate: 17.68
 Payroll Name: Bwklly 2 BBY US Bank Gross Earnings: 1023.37
 Consolidation: BiWkly Freq 2 Gross Pay: 1011.02
 GRE Name: Best Buy Stores, L.P. Net Pay: 749.46
 Organization: 000483-Rego Park-Produ Net Payments: 749.46
 Location: 000483 Date Paid: 11-JUN-2021

	Current		Current
Hours:			
Base Rate wk1 H	30.88	Base Rate wk2 H	17.82
Earnings:			
Base Rate wk1	545.96	Base Rate wk2	315.06
Merchandise Rcv	12.35	Lump Sum	150.00



Rpt Seq Id: 39 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Rivera , Matthew Federal Run Type: Regular
 Assignment No: 1148677 NY Pay Rate: 18.81
 Payroll Name: Bwklly 2 BBY US Bank Gross Earnings: 1640.15
 Consolidation: BiWkly Freq 2 Gross Pay: 1640.15
 GRE Name: Best Buy Stores, L.P. Net Pay: 1103.17
 Organization: 000483-Rego Park-Produ Net Payments: 1103.17
 Location: 000483 Date Paid: 11-JUN-2021
 BBY US Business Group Report Date: 15-JUN-2021

Payroll Register
 Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

	Current		Current
Hours:			
Base Rate wk1 H	26.52	Base Rate wk2 H	34.31
BEN_Holiday Hou	8.00	OT Prem wk2 Hou	6.78
PTO_Personal Ho	7.00		

Earnings:

Base Rate wk1 498.85 Base Rate wk2 645.38
Holiday 150.48 OT .5 Prem wk2 63.77
PTO 131.67 Lump Sum 150.00

Deductions:



Rpt Seq Id: 40 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Sanchez, Anthony Federal Run Type: Regular
Assignment No: 1409549 NY Pay Rate: 16.95
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1494.58
Consolidation: BIWkly Freq 2 Gross Pay: 1494.58
GRE Name: Best Buy Stores, L.P. Net Pay: 1091.09
Organization: 000483-Rego Park-Produ Net Payments: 1091.09
Location: 000483 Date Paid: 11-JUN-2021

Current

Current

Hours:

Base Rate wk1 H 36.75 Base Rate wk2 H 38.45
OT Prem wk2 Hou 8.25

Earnings:

Base Rate wk1 622.93 Base Rate wk2 651.73
OT .5 Prem wk2 69.92 Lump Sum 150.00

Deductions:



□ BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id: 41 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Segar, Joseph N Federal Run Type: Regular
Assignment No: 109655-2 NY Pay Rate: 17.00
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 849.04
Consolidation: BIWkly Freq 2 Gross Pay: 849.04
GRE Name: Best Buy Stores, L.P. Net Pay: 674.63
Organization: 000483-Rego Park-Produ Net Payments: 674.63
Location: 000483 Date Paid: 11-JUN-2021

Current

Current

Hours:

Base Rate wk1 H 11.97 Base Rate wk2 H 29.15

Earnings:

Base Rate wk1 203.49 Base Rate wk2 495.55
Lump Sum 150.00

Deductions:



Rpt Seq Id: 42 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Tejada , Pedro Federal Run Type: Regular
Assignment No: 1476346 NY Pay Rate: 18.00
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 487.14
Consolidation: BiWkly Freq 2 Gross Pay: 487.14
GRE Name: Best Buy Stores, L.P. Net Pay: 369.99
Organization: 000483-Rego Park-Produ Net Payments: 369.99
Location: 000483 Date Paid: 11-JUN-2021

Current Current

Hours:

Base Rate wk1 H 18.73

Earnings:

Base Rate wk1 337.14 Lump Sum 150.00

BBY US Business Group Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

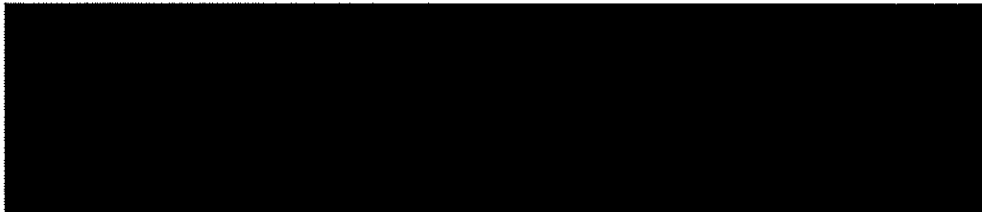
Deductions:



Rpt Seq Id: 43 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Williams , Charles Tyr Federal Run Type: Regular
Assignment No: 1036211 NY Pay Rate: 19.29
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 963.47
Consolidation: BiWkly Freq 2 Gross Pay: 963.47
GRE Name: Best Buy Stores, L.P. Net Pay: 587.39
Organization: 000483-Rego Park-Produ Net Payments: 587.39
Location: 000483 Date Paid: 11-JUN-2021

Current Current
Hours:
Base Rate wk2 H 38.42
OT Prem wk2 Hou 7.50

Earnings:
Base Rate wk2 741.13 OT .5 Prem wk2 72.34
Lump Sum 150.00
Deductions:

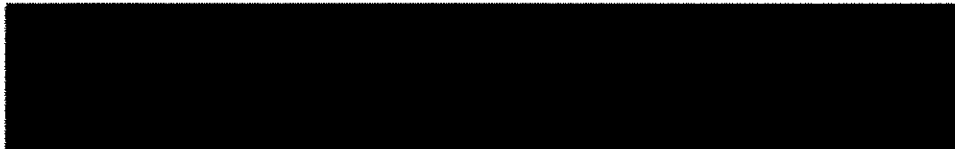


Rpt Seq Id: 44 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Alba , Kyra Alexi Federal Run Type: Regular
Assignment No: 1486356 NY Pay Rate: 17.41
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 150.00
Consolidation: BIWkly Freq 2 Gross Pay: 150.00
GRE Name: Best Buy Stores, L.P. Net Pay: 83.95
Organization: 000483-Rego Park-Sales Net Payments: 83.95
Location: 000483 Date Paid: 11-JUN-2021

Current Current
 BBY US Business Group Report Date: 15-JUN-2021
Payroll Register
Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Hours:

Earnings:
Lump Sum 150.00
Deductions:



Rpt Seq Id: 45 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Awan , Ali Federal Run Type: Regular
Assignment No: 1453862 NY Pay Rate: 16.12
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 623.94
Consolidation: BIWkly Freq 2 Gross Pay: 623.94
GRE Name: Best Buy Stores, L.P. Net Pay: 473.67

Organization: 000483-Rego Park-Sales
Location: 000483

Net Payments: 473.67
Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	12.63	Base Rate wk2 H	16.77
Earnings:			
Base Rate wk1	203.60	Base Rate wk2	270.34
Lump Sum	150.00		

Rpt Seq Id: 46 Tax Filing Status Exemptions Pay Process: QuickPay Run
Employee Name: Azeem , Sana Federal Run Type: Regular
Assignment No: 1524464-2 NY Pay Rate: 17.00
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1003.40
Consolidation: Daily Payroll Gross Pay: 1003.40
GRE Name: Best Buy Stores, L.P. Net Pay: 787.29
Organization: 000483-Rego Park-Sales Net Payments: 787.29
Location: 000483 Date Paid: 11-JUN-2021

□ BBY US Business Group Report Date: 15-JUN-2021
Payroll Register
Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	26.95	Base Rate wk2 H	19.60
OT Prem wk2 Hou	7.30		
Earnings:			
Base Rate wk1	458.15	Base Rate wk2	333.20
OT .5 Prem wk2	62.05	Lump Sum	150.00
Deductions:			

Rpt Seq Id: 47 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Balogun , Billy O Federal Run Type: Regular
Assignment No: 1560215 NY Pay Rate: 16.50
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 899.77

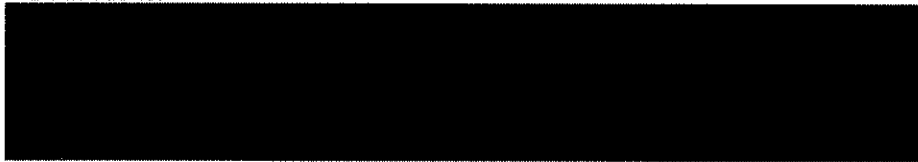
Consolidation: BiWkly Freq 2
GRE Name: Best Buy Stores, L.P.
Organization: 000483-Rego Park-Sales
Location: 000483

Gross Pay: 899.77
Net Pay: 712.10
Net Payments: 712.10
Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	20.52	Base Rate wk2 H	22.17
OT Prem wk2 Hou	5.50		

Earnings:			
Base Rate wk1	338.58	Base Rate wk2	365.81
OT .5 Prem wk2	45.38	Lump Sum	150.00

Deductions:



□ BBY US Business Group

Report Date: 15-JUN-2021

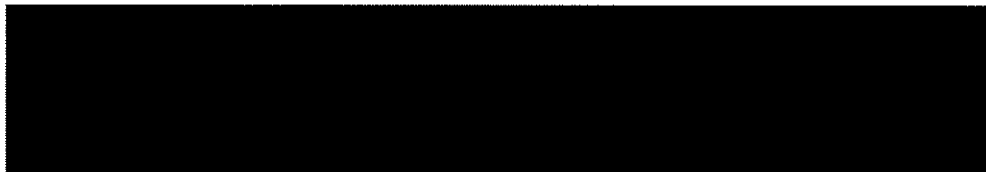
Payroll Register

Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

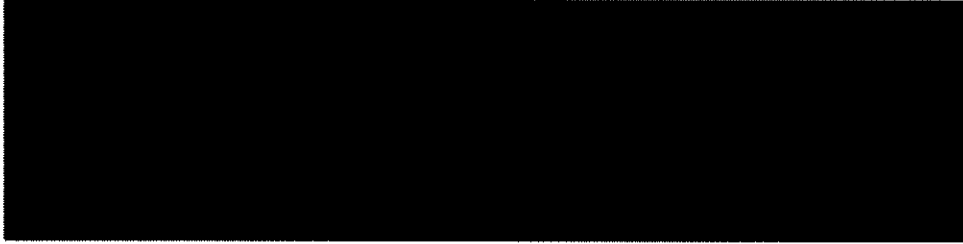
Rpt Seq Id: 48	Tax Filing Status	Exemptions	Pay Process: Run
Employee Name: Bari, Fazle			Run Type: Regular
Assignment No: 611927			Pay Rate: 34.27
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings: 5922.47
Consolidation: BiWkly Freq 2			Gross Pay: 5921.02
GRE Name: Best Buy Stores, L.P.			Net Pay: 3201.01
Organization: 000483-Rego Park-Sales			Net Payments: 3201.01
Location: 000483			Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	23.45	Base Rate wk2 H	43.52
BEN_Holiday Hou	8.00	OT Prem wk2 Hou	8.30
PTO_Personal Ho	16.00		

Earnings:			
Base Rate wk1	803.64	Base Rate wk2	1491.44



Deductions:



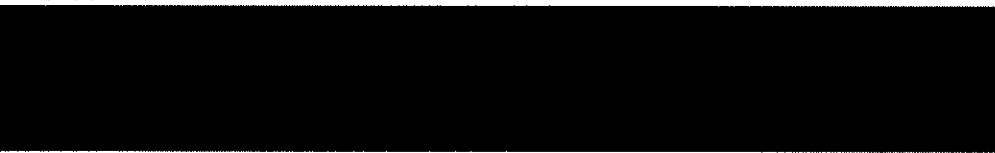
Rpt Seq Id: 49 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Bran Cordova , Sheila Federal Run Type: Regular
 Assignment No: 1457496 NY Pay Rate: 16.64
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1516.24
 Consolidation: BIWkly Freq 2 Gross Pay: 1516.24
 GRE Name: Best Buy Stores, L.P. Net Pay: 1106.19
 Organization: 000483-Rego Park-Sales Net Payments: 1106.19
 Location: 000483 Date Paid: 11-JUN-2021

BBY US Business Group Report Date: 15-JUN-2021
 Payroll Register
 Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Current		Current	
Hours:			
PTO Absence wk2	12.00	Base Rate wk1 H	33.31
Base Rate wk2 H	32.93	OT Prem wk2 Hou	7.73

Earnings:			
Absence wk2	199.68	Base Rate wk1	554.28
Base Rate wk2	547.96	OT .5 Prem wk2	64.32
Lump Sum	150.00		

Deductions:



Rpt Seq Id: 50 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Brito , Jonnathan Patr Federal Run Type: Regular
 Assignment No: 1560700 NY Pay Rate: 16.50
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1150.74
 Consolidation: BIWkly Freq 2 Gross Pay: 1150.74
 GRE Name: Best Buy Stores, L.P. Net Pay: 890.65
 Organization: 000483-Rego Park-Sales Net Payments: 890.65
 Location: 000483 Date Paid: 11-JUN-2021

Current Current

Hours:

Base Rate wk1 H	23.90	Base Rate wk2 H	32.49
OT Prem wk2 Hou	8.52		

Earnings:

Base Rate wk1	394.35	Base Rate wk2	536.10
OT .5 Prem wk2	70.29	Lump Sum	150.00

Deductions:



□ BBY US Business Group Report Date: 15-JUN-2021
 Payroll Register
 Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Rpt Seq Id: 51	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Chacon, Gianni	Federal			Run Type: Regular
Assignment No: 1525573	NY		Pay Rate:	16.25
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings:	1393.67
Consolidation: BiWkly Freq 2			Gross Pay:	1378.84
GRE Name: Best Buy Stores, L.P.			Net Pay:	1045.60
Organization: 000483-Rego Park-Sales			Net Payments:	1045.60
Location: 000483			Date Paid:	11-JUN-2021

Current Current

Hours:

Base Rate wk1 H	28.42	Base Rate wk2 H	42.85
OT Prem wk2 Hou	8.70		

Earnings:

Base Rate wk1	461.83	Base Rate wk2	696.32
OT .5 Prem wk2	70.69	Merchandise Rcv	14.83

Lump Sum 150.00

Deductions:



Rpt Seq Id: 52	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Dunayevich, William R	Federal			Run Type: Regular
Assignment No: 1565299	NY		Pay Rate:	16.50
Payroll Name: Bwkly 2 BBY US Bank			Gross Earnings:	1254.27
Consolidation: BiWkly Freq 2			Gross Pay:	1254.27
GRE Name: Best Buy Stores, L.P.			Net Pay:	983.86

Organization: 000483-Rego Park-Sales
Location: 000483

Net Payments: 983.86
Date Paid: 11-JUN-2021

Current
Hours:
Base Rate wk1 H 24.45
OT Prem wk2 Hou 9.53

Current
Base Rate wk2 H 46.80

Earnings:
Base Rate wk1 403.43
OT .5 Prem wk2 78.63

Base Rate wk2 772.21

BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

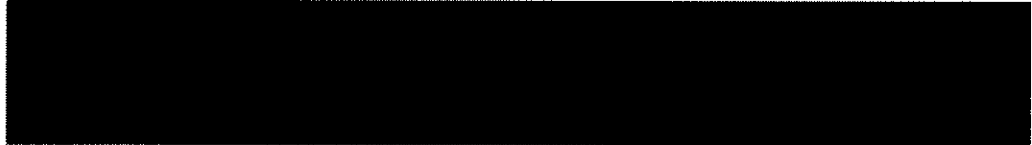
Deductions:



Rpt Seq Id: 53 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Florentino, Yovanny Federal Run Type: Regular
Assignment No: 1562667 NY Pay Rate: 18.50
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 150.00
Consolidation: BIWkly Freq 2 Gross Pay: 150.00
GRE Name: Best Buy Stores, L.P. Net Pay: 83.95
Organization: 000483-Rego Park-Sales Net Payments: 83.95
Location: 000483 Date Paid: 11-JUN-2021

Current
Hours:
Earnings:
Lump Sum 150.00
Deductions:

Current



Rpt Seq Id: 54 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Gagliano, Joseph Anth Federal Run Type: Regular
Assignment No: 1562154 NY Pay Rate: 16.50
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 866.37
Consolidation: BIWkly Freq 2 Gross Pay: 866.37
GRE Name: Best Buy Stores, L.P. Net Pay: 687.47

Organization: 000483-Rego Park-Sales
Location: 000483

Net Payments: 687.47
Date Paid: 11-JUN-2021

Current

Current

Hours:

Base Rate wk1 H 19.33
OT Prem wk2 Hou 5.17

Base Rate wk2 H 21.50

Earnings:

Base Rate wk1 318.95
OT .5 Prem wk2 42.66

Base Rate wk2 354.76
Lump Sum 150.00

BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Deductions:



Rpt Seq Id: 55 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Gonzalez , Gismel Federal [REDACTED] Run Type: Regular
Assignment No: 1242431 NY [REDACTED] Pay Rate: 18.66
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1251.62
Consolidation: BiWkly Freq 2 Gross Pay: 1251.62
GRE Name: Best Buy Stores, L.P. Net Pay: 926.82
Organization: 000483-Rego Park-Sales Net Payments: 926.82
Location: 000483 Date Paid: 11-JUN-2021

Current

Current

Hours:

Base Rate wk1 H 27.13
OT Prem wk2 Hou 7.35

Base Rate wk2 H 28.23

Earnings:

Base Rate wk1 506.25
OT .5 Prem wk2 68.58

Base Rate wk2 526.79
Lump Sum 150.00

Deductions:



Rpt Seq Id: 56 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Guevara , Chelsea Federal [REDACTED] Run Type: Regular

Assignment No: 1535110 NY [REDACTED] Pay Rate: 16.50
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1064.35
 Consolidation: BiWkly Freq 2 Gross Pay: 1044.48
 GRE Name: Best Buy Stores, L.P. Net Pay: 756.63
 Organization: 000483-Rego Park-Sales Net Payments: 756.63
 Location: 000483 Date Paid: 11-JUN-2021

BBY US Business Group Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Current	Current
Hours:	
Base Rate wk1 H 20.53	Base Rate wk2 H 18.12
Previous Period 15.56	
Earnings:	
Base Rate wk1 338.75	Base Rate wk2 298.99
Previous Period 256.74	Merchandise Rcv 19.87
Lump Sum 150.00	
Deductions:	



Rpt Seq Id: 57 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Gutierrez, Juan Angel Federal [REDACTED] Run Type: Regular
 Assignment No: 1122164 NY [REDACTED] Pay Rate: 19.25
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1949.11
 Consolidation: BiWkly Freq 2 Gross Pay: 1949.11
 GRE Name: Best Buy Stores, L.P. Net Pay: 1323.91
 Organization: 000483-Rego Park-Sales Net Payments: 1323.91
 Location: 000483 Date Paid: 11-JUN-2021

Current	Current
Hours:	
Base Rate wk1 H 37.92	Base Rate wk2 H 41.60
BEN_Holiday Hou 8.00	OT Prem wk2 Hou 11.88
Earnings:	
Base Rate wk1 729.96	Base Rate wk2 800.80



□ BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id: 58 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Hardeen , Kishan Federal [REDACTED] Run Type: Regular
 Assignment No: 1498524 NY [REDACTED] Pay Rate: 17.14
 Payroll Name: Bwklly 2 BBY US Bank [REDACTED] Gross Earnings: 1338.77
 Consolidation: BiWkly Freq 2 Gross Pay: 1330.03
 GRE Name: Best Buy Stores, L.P. Net Pay: 973.71
 Organization: 000483-Rego Park-Sales Net Payments: 973.71
 Location: 000483 Date Paid: 11-JUN-2021

Current

Current

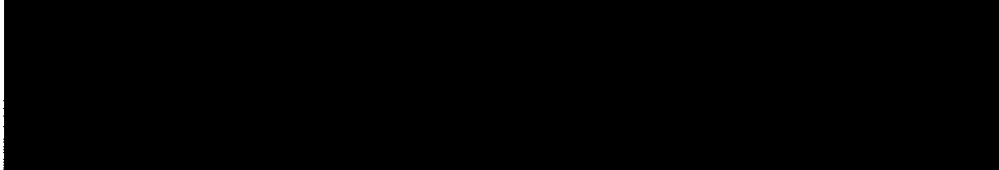
Hours:

PTO Absence wk1	8.00	Base Rate wk1 H	27.17
Base Rate wk2 H	30.39	OT Prem wk2 Hou	6.57

Earnings:

Absence wk1	137.12	Base Rate wk1	465.71
Base Rate wk2	520.89	OT .5 Prem wk2	56.31
Merchandise Rcv	8.74	Lump Sum	150.00

Deductions:



Rpt Seq Id: 59 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Hernandez , Jennifer Federal [REDACTED] Run Type: Regular
 Assignment No: 1528351 NY [REDACTED] Pay Rate: 16.50
 Payroll Name: Bwklly 2 BBY US Bank [REDACTED] Gross Earnings: 1353.59
 Consolidation: BiWkly Freq 2 Gross Pay: 1349.56
 GRE Name: Best Buy Stores, L.P. Net Pay: 1028.45
 Organization: 000483-Rego Park-Sales Net Payments: 1028.45
 Location: 000483 Date Paid: 11-JUN-2021

Current

Current

Hours:

Base Rate wk1 H	39.20	Base Rate wk2 H	29.34
OT Prem wk2 Hou	8.32		

Earnings:

Base Rate wk1	646.81	Base Rate wk2	484.11
OT .5 Prem wk2	68.64	Merchandise Rcv	4.03
Lump Sum	150.00		

BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Deductions:



Rpt Seq Id: 60	Tax Filing Status	Exemptions	Pay Process:	Run
Employee Name: Hossain , Mohammed	Federal			Run Type: Regular
Assignment No: 1329777	NY		Rate:	19.57
Payroll Name: Bwkly 2 BBY US Bank			Earnings:	1659.13
Consolidation: BiWkly Freq 2			Gross Pay:	1650.18
GRE Name: Best Buy Stores, L.P.			Net Pay:	1136.04
Organization: 000483-Rego Park-Sales			Net Payments:	1136.04
Location: 000483			Date Paid:	11-JUN-2021

Current

Current

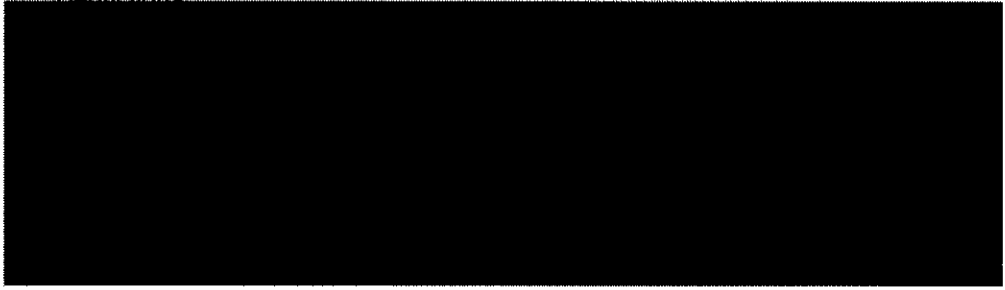
Hours:

Base Rate wk1 H	33.75	Base Rate wk2 H	31.03
BEN_Holiday Hou	8.00	OT Prem wk2 Hou	7.75

Earnings:

Base Rate wk1	660.50	Base Rate wk2	607.28
Holiday	156.56	OT .5 Prem wk2	75.84
Merchandise Rcv	8.95	Lump Sum	150.00

Deductions:



BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

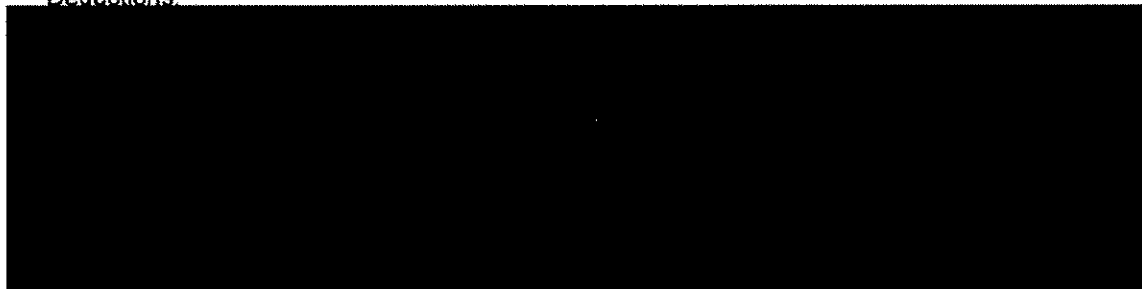
Rpt Seq Id: 61	Tax Filing Status	Exemptions	Pay Process:	Run
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Employee Name: Hutkay , Robert Stephe Federal [REDACTED] Run Type: Regular
 Assignment No: 41192-4 NY [REDACTED] Pay Rate: 19.17
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1664.03
 Consolidation: BiWkly Freq 2 Gross Pay: 1675.29
 GRE Name: Best Buy Stores, L.P. Net Pay: 829.80
 Organization: 000483-Rego Park-Sales Net Payments: 829.80
 Location: 000483 Date Paid: 11-JUN-2021

	Current		Current
Hours:			
Base Rate wk1 H	34.55	Base Rate wk2 H	33.65
BEN_Holiday Hou	8.00	OT Prem wk2 Hou	6.73

Earnings:			
Base Rate wk1	662.34	Base Rate wk2	645.08
Holiday	153.36	OT .5 Prem wk2	64.51
Merchandise Rcv	8.74	Lump Sum	150.00

Deductions:



Rpt Seq Id: 62 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Juarez , Jean Paul Federal [REDACTED] Run Type: Regular
 Assignment No: 1551243 NY [REDACTED] Pay Rate: 16.75
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 702.76
 Consolidation: BiWkly Freq 2 Gross Pay: 702.76
 GRE Name: Best Buy Stores, L.P. Net Pay: 605.94
 Organization: 000483-Rego Park-Sales Net Payments: 605.94
 Location: 000483 Date Paid: 11-JUN-2021

	Current		Current
Hours:			
Base Rate wk1 H	21.35	Base Rate wk2 H	11.65
<input type="checkbox"/> BBY US Business Group		Report Date:	15-JUN-2021

Payroll Register
 Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Earnings:			
Base Rate wk1	357.62	Base Rate wk2	195.14
Lump Sum	150.00		

Deductions:



Rpt Seq Id: 63 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Labiba , Atqiya Federal [Redacted] Run Type: Regular
 Assignment No: 1543046-2 NY [Redacted] Pay Rate: 16.75
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1388.35
 Consolidation: BiWkly Freq 2 Gross Pay: 1388.35
 GRE Name: Best Buy Stores, L.P. Net Pay: 1056.70
 Organization: 000483-Rego Park-Sales Net Payments: 1056.70
 Location: 000483 Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	37.48	Base Rate wk2 H	31.95
OT Prem wk2 Hou	9.00		
Earnings:			
Base Rate wk1	627.80	Base Rate wk2	535.17
OT .5 Prem wk2	75.38	Lump Sum	150.00

Deductions:



Rpt Seq Id: 64 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Lugo , Justin Alex Federal [Redacted] Run Type: Regular
 Assignment No: 1274616 NY [Redacted] Pay Rate: 17.96
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 851.36
 Consolidation: BiWkly Freq 2 Gross Pay: 838.24
 GRE Name: Best Buy Stores, L.P. Net Pay: 648.38
 Organization: 000483-Rego Park-Sales Net Payments: 648.38
 Location: 000483 Date Paid: 11-JUN-2021

Current Current
 BBY US Business Group Report Date: 15-JUN-2021
 Payroll Register
 Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Hours:
 Base Rate wk1 H 11.42 Base Rate wk2 H 24.15
 OT Prem wk2 Hou 5.50

Earnings:

Base Rate wk1	205.11	Base Rate wk2	433.74
OT .5 Prem wk2	49.39	Merchandise Rcv	13.12
Lump Sum	150.00		

Deductions:



Rpt Seq Id: 65 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Martinez Perez , Eveia Federal Run Type: Regular
 Assignment No: 1409611 NY Pay Rate: 18.76
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1593.81
 Consolidation: BiWkly Freq 2 Gross Pay: 1558.44
 GRE Name: Best Buy Stores, L.P. Net Pay: 970.53
 Organization: 000483-Rego Park-Sales Net Payments: 970.53
 Location: 000483 Date Paid: 11-JUN-2021

Current

Current

Hours:

Base Rate wk1 H	27.11	Base Rate wk2 H	13.50
BEN_Holiday Hou	8.00	OT Prem wk2 Hou	6.93
PTO_Personal Ho	24.00	Previous Period	-1.00

Earnings:

Base Rate wk1	508.60	Base Rate wk2	253.27
Holiday	150.08	OT .5 Prem wk2	65.01
PTO	450.24	Previous Period	-18.76
Merchandise Rcv	35.37	Lump Sum	150.00

Deductions:



BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id: 66 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Nunez , Jeffrey Alan Run Type: Regular
 Assignment No: 1331322 NY Pay Rate: 19.32
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 150.00
 Consolidation: BiWkly Freq 2 Gross Pay: 150.00

GRE Name: Best Buy Stores, L.P.
Organization: 000483-Rego Park-Sales
Location: 000483

Net Pay: 83.95
Net Payments: 83.95
Date Paid: 11-JUN-2021

Current Current

Hours:

Earnings:

Lump Sum 150.00

Deductions:



Rpt Seq Id: 67 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Ortiz, Stephanie Federal [REDACTED] Run Type: Regular
Assignment No: 1516627-2 NY [REDACTED] Pay Rate: 16.50
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1169.71
Consolidation: BIWkly Freq 2 Gross Pay: 1169.71
GRE Name: Best Buy Stores, L.P. Net Pay: 903.91
Organization: 000483-Rego Park-Sales Net Payments: 903.91
Location: 000483 Date Paid: 11-JUN-2021

Current Current

Hours:

Base Rate wk1 H 25.68 Base Rate wk2 H 32.23
OT Prem wk2 Hou 7.78

Earnings:

Base Rate wk1 423.72 Base Rate wk2 531.80
OT .5 Prem wk2 64.19 Lump Sum 150.00

Deductions:



BBY US Business Group Report Date: 15-JUN-2021
Payroll Register
Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Rpt Seq Id: 68 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Perez, Tatiana Federal [REDACTED] Run Type: Regular
Assignment No: 1560473 NY [REDACTED] Pay Rate: 16.50
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1278.04
Consolidation: BIWkly Freq 2 Gross Pay: 1278.04

GRE Name: Best Buy Stores, L.P.
Organization: 000483-Rego Park-Sales
Location: 000483

Net Pay: 979.75
Net Payments: 979.75
Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	29.57	Base Rate wk2 H	34.88
OT Prem wk2 Hou	7.83		

Earnings:			
Base Rate wk1	487.91	Base Rate wk2	575.53
OT .5 Prem wk2	64.60	Lump Sum	150.00

Deductions:



Rpt Seq Id: 69 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Piedra, Jean Piere Federal [Redacted] Run Type: Regular
Assignment No: 1565314 NY [Redacted] Pay Rate: 16.50
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 682.38
Consolidation: BIWkly Freq 2 Gross Pay: 682.38
GRE Name: Best Buy Stores, L.P. Net Pay: 578.34
Organization: 000483-Rego Park-Sales Net Payments: 578.34
Location: 000483 Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	16.08	Base Rate wk2 H	21.64
OT Prem wk2 Hou	7.27		

Earnings:			
Base Rate wk1	265.33	Base Rate wk2	357.07
OT .5 Prem wk2	59.98		

BBY US Business Group Report Date: 15-JUN-2021

Payroll Register
Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Deductions:



Rpt Seq Id: 70 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Ramharakh, Brian Federal [Redacted] Run Type: Regular

Assignment No: 1378730 NY
Payroll Name: Bwky 2 BBY US Bank
Consolidation: BiWkly Freq 2
GRE Name: Best Buy Stores, L.P.
Organization: 000483-Rego Park-Sales
Location: 000483

Pay Rate: 17.63
Gross Earnings: 773.76
Gross Pay: 773.76
Net Pay: 583.98
Net Payments: 583.98
Date Paid: 11-JUN-2021

Current Current
Hours:
Base Rate wk1 H 18.83 Base Rate wk2 H 16.55
Earnings:
Base Rate wk1 331.98 Base Rate wk2 291.78
Lump Sum 150.00
Deductions:



BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register


Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Rpt Seq Id: 71 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Ramos, Eucly Federal Run Type: Regular
Assignment No: 1528637-2 NY Pay Rate: 16.75
Payroll Name: Bwky 2 BBY US Bank Gross Earnings: 150.00
Consolidation: BiWkly Freq 2 Gross Pay: 150.00
GRE Name: Best Buy Stores, L.P. Net Pay: 83.95
Organization: 000483-Rego Park-Sales Net Payments: 83.95
Location: 000483 Date Paid: 11-JUN-2021

Current Current
Hours:
Earnings:
Lump Sum 150.00
Deductions:



Rpt Seq Id: 72 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Reid, Khallid Malik Federal Run Type: Regular

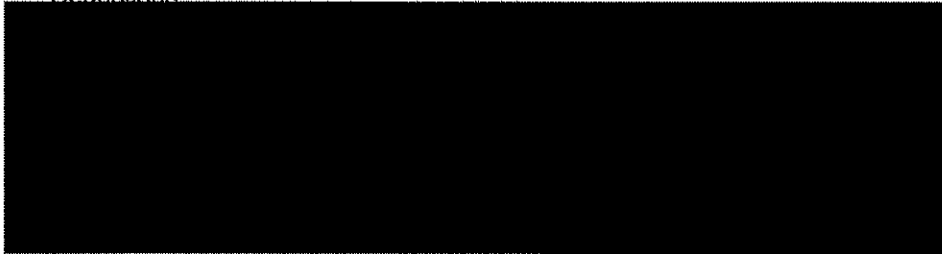
Assignment No: 1233112 NY  Pay Rate: 20.66
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1622.04
 Consolidation: BiWkly Freq 2 Gross Pay: 1622.04
 GRE Name: Best Buy Stores, L.P. Net Pay: 1098.82
 Organization: 000483-Rego Park-Sales Net Payments: 1098.82
 Location: 000483 Date Paid: 11-JUN-2021



Current Current
 Hours:
 Base Rate wk1 H 30.00 Base Rate wk2 H 33.25
 BEN_Holiday Hou 8.00

Earnings:
 Base Rate wk1 619.80 Base Rate wk2 686.96
 Holiday 165.28 Lump Sum 150.00
 BBY US Business Group Report Date: 15-JUN-2021

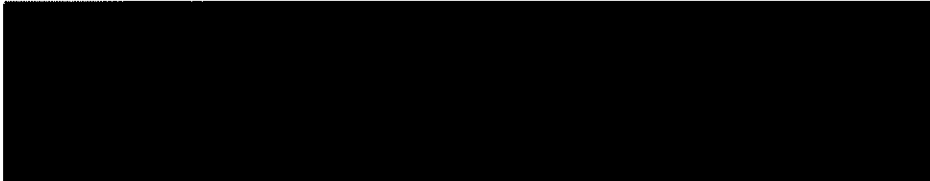
Payroll Register
 Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Deductions:



Rpt Seq Id: 73 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Tene, Lawrence Nichol Federal  Run Type: Regular
 Assignment No: 1527227-2 NY  Pay Rate: 17.00
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 491.36
 Consolidation: BiWkly Freq 2 Gross Pay: 491.36
 GRE Name: Best Buy Stores, L.P. Net Pay: 392.12
 Organization: 000483-Rego Park-Sales Net Payments: 392.12
 Location: 000483 Date Paid: 11-JUN-2021

Current Current
 Hours:
 Base Rate wk1 H 20.08
 Earnings:
 Base Rate wk1 341.36 Lump Sum 150.00
 Deductions:



Rpt Seq Id: 74 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Tenempaguay, Kevin St Federal [REDACTED] Run Type: Regular
 Assignment No: 1561671 NY [REDACTED] Pay Rate: 16.50
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 969.40
 Consolidation: BiWkly Freq 2 Gross Pay: 969.40
 GRE Name: Best Buy Stores, L.P. Net Pay: 762.81
 Organization: 000483-Rego Park-Sales Net Payments: 762.81
 Location: 000483 Date Paid: 11-JUN-2021

Current Current
 BBY US Business Group Report Date: 15-JUN-2021
 Payroll Register
 Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Hours:
 Base Rate wk1 H 28.03 Base Rate wk2 H 18.58
 OT Prem wk2 Hou 6.10
 Earnings:
 Base Rate wk1 462.50 Base Rate wk2 306.57
 OT .5 Prem wk2 50.33 Lump Sum 150.00
 Deductions:



Rpt Seq Id: 75 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Veloz, Victor Stevie Federal [REDACTED] Run Type: Regular
 Assignment No: 1434046 NY [REDACTED] Pay Rate: 17.11
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1042.58
 Consolidation: BiWkly Freq 2 Gross Pay: 1019.72
 GRE Name: Best Buy Stores, L.P. Net Pay: 752.40
 Organization: 000483-Rego Park-Sales Net Payments: 752.40
 Location: 000483 Date Paid: 11-JUN-2021

Current Current
 Hours:
 Base Rate wk1 H 33.18 Base Rate wk2 H 17.65
 Earnings:
 Base Rate wk1 567.72 Base Rate wk2 302.00
 Merchandise Rcv 22.86 Lump Sum 150.00
 Deductions:





Rpt Seq Id: 76 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Yesmin , Nafisha Federal [Redacted] Run Type: Regular
 Assignment No: 1551790-2 NY [Redacted] Pay Rate: 19.50
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 746.98
 Consolidation: BIWkly Freq 2 Gross Pay: 746.98
 GRE Name: Best Buy Stores, L.P. Net Pay: 626.10
 Organization: 000483-Rego Park-Sales Net Payments: 626.10
 Location: 000483 Date Paid: 11-JUN-2021
 BBY US Business Group Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	12.35	Base Rate wk2 H	22.28
OT Prem wk2 Hou	7.35		
Earnings:			
Base Rate wk1	240.84	Base Rate wk2	434.47
OT .5 Prem wk2	71.67		
Deductions:			



Rpt Seq Id: 77 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Zadrn , Moustafa Federal [Redacted] Run Type: Regular
 Assignment No: 1566245 NY [Redacted] Pay Rate: 16.50
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 274.73
 Consolidation: BIWkly Freq 2 Gross Pay: 274.73
 GRE Name: Best Buy Stores, L.P. Net Pay: 250.63
 Organization: 000483-Rego Park-Sales Net Payments: 250.63
 Location: 000483 Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	9.62	Base Rate wk2 H	7.03
Earnings:			
Base Rate wk1	158.73	Base Rate wk2	116.00
Deductions:			



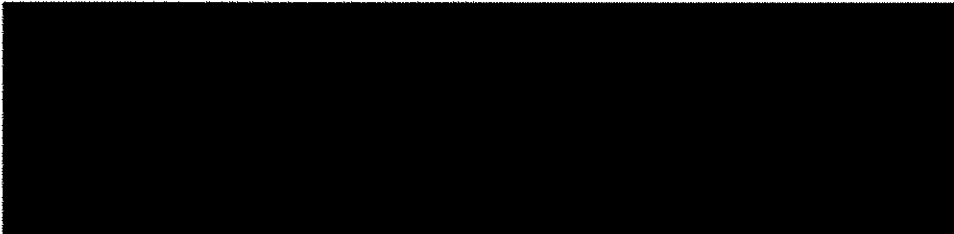
Rpt Seq Id: 78 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Guzman , Marcela Federal [REDACTED] Run Type: Regular
Assignment No: 1086004 NY [REDACTED] Pay Rate: 26.53
Payroll Name: Bwklly 2 BBY US Bank Gross Earnings: 2304.50
Consolidation: BiWkly Freq 2 Gross Pay: 2304.25
GRE Name: Best Buy Stores, L.P. Net Pay: 1502.32
Organization: 000483-Rego Park-Sales Net Payments: 1502.32
Location: 000483 Date Paid: 11-JUN-2021

Current Current
□ BBY US Business Group Report Date: 15-JUN-2021
Payroll Register
Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Hours:
Base Rate wk1 H 32.63 Base Rate wk2 H 36.57
BEN_Holiday Hou 8.00 PTO_Personal Ho 16.00
Previous Period -12.00

Earnings:
Base Rate wk1 865.68 Base Rate wk2 970.21
Holiday 212.24 PTO 424.48
Previous Period -318.36 Imputed Life 0.25
Lump Sum 150.00

Deductions:



Rpt Seq Id: 79 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Khan , Omar Federal [REDACTED] Run Type: Regular
Assignment No: 1327345 NY [REDACTED] Pay Rate: 24.28
Payroll Name: Bwklly 2 BBY US Bank Gross Earnings: 2148.83
Consolidation: BiWkly Freq 2 Gross Pay: 2148.76
GRE Name: Best Buy Stores, L.P. Net Pay: 1416.29
Organization: 000483-Rego Park-Sales Net Payments: 1416.29
Location: 000483 Date Paid: 11-JUN-2021

Current Current
Hours:
Base Rate wk1 H 36.50 Base Rate wk2 H 34.57

OT Prem wk2 Hou 6.50 BEN_Holiday Hou 8.00

Earnings:

Base Rate wk1	886.23	Base Rate wk2	839.36
Holiday	194.24	OT .5 Prem wk2	78.91
Previous Period	0.02	Imputed Life	0.07
Lump Sum	150.00		

□ BBY US Business Group Report Date: 15-JUN-2021
Payroll Register
Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Deductions:



Rpt Seq Id: 80 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Samoleski, Kimberly Run Type: Regular
Assignment No: 1209428 NY Pay Rate: 24.72
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 2285.17
Consolidation: BIWkly Freq 2 Gross Pay: 2269.01
GRE Name: Best Buy Stores, L.P. Net Pay: 1449.30
Organization: 000483-Rego Park-Sales Net Payments: 1449.30
Location: 000483 Date Paid: 11-JUN-2021

Current

Current

Hours:

PTO Absence wk1	2.00	Base Rate wk1 H	38.37
Base Rate wk2 H	37.35		
BEN_Holiday Hou	8.00		

Earnings:

Absence wk1	49.44	Base Rate wk1	948.51
Base Rate wk2	923.30	Holiday	197.76
Imputed Life	0.08	Merchandise Rcv	16.08
Lump Sum	150.00		

Deductions:





□ BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id: 81 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Sosa, Victoria Federal [REDACTED] Run Type: Regular
 Assignment No: 210719 NY [REDACTED] Pay Rate: 27.14
 Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 2652.38
 Consolidation: BIWkly Freq 2 Gross Pay: 2652.05
 GRE Name: Best Buy Stores, L.P. Net Pay: 1639.43
 Organization: 000483-Rego Park-Sales Net Payments: 3119.43
 Location: 000483 Date Paid: 11-JUN-2021

	Current		Current
Hours:			
Base Rate wk1 H	40.05	Base Rate wk2 H	37.98
BEN_Holiday Hou	8.00	OT Prem wk1 Hou	0.05
OT Prem wk2 Hou	7.98	PTO_Sick Bank H	2.00

Earnings:			
Base Rate wk1	1086.96	Base Rate wk2	1030.78
Holiday	217.12	OT .5 Prem wk1	0.68
OT .5 Prem wk2	108.29	Sick Bank	54.28
TuitionReimb OT	3.94	Imputed Life	0.33
Tuition Reimb	1480.00	Lump Sum	150.00

Deductions:



□ BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date:11-JUN-2021 Ending Pay Date:11-JUN-2021

Rpt Seq Id: 82 Tax Filing Status Exemptions Pay Process: Run
 Employee Name: Paschal Sr, Larry D Federal [REDACTED] Run Type: Regular
 Assignment No: 1149462 NY [REDACTED] Pay Rate: 21.87

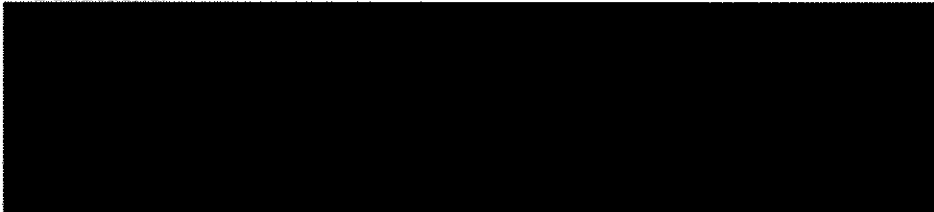
Payroll Name: Bwkly 2 BBY US Bank
Consolidation: BiWkly Freq 2
GRE Name: Best Buy Stores, L.P.
Organization: 000483-Rego Park-Svc T
Location: 000483

Gross Earnings: 2054.91
Gross Pay: 2050.53
Net Pay: 1373.58
Net Payments: 1373.58
Date Paid: 11-JUN-2021

Current		Current	
Hours:			
Base Rate wk1 H	36.73	Base Rate wk2 H	30.52
		BEN_Holiday Hou	8.00
OT Prem wk2 Hou	7.30	PTO_Sick Bank H	8.00

Earnings:			
Base Rate wk1	803.29	Base Rate wk2	667.49
Holiday	174.96	OT .5 Prem wk2	79.83
Sick Bank	174.96	Merchandise Rcv	4.38
Lump Sum	150.00		

Deductions:



Rpt Seq Id: 83 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Sanchez, Jose F Run Type: Regular
Assignment No: 793864 NY Pay Rate: 23.18
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 2029.90
Consolidation: BiWkly Freq 2 Gross Pay: 2029.90
GRE Name: Best Buy Stores, L.P. Net Pay: 1254.80
Organization: 000483-Rego Park-Svc T Net Payments: 1254.80
Location: 000483 Date Paid: 11-JUN-2021

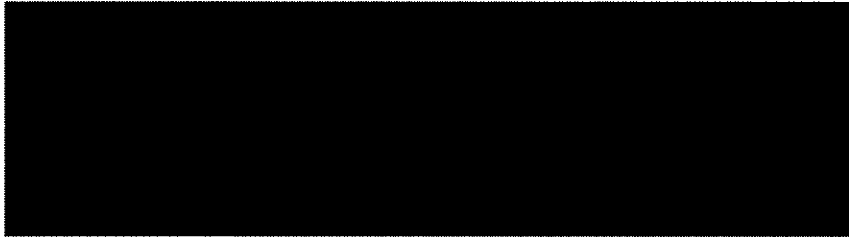
BBY US Business Group Report Date: 15-JUN-2021
Payroll Register
Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Hours:			
Base Rate wk1 H	35.55	Base Rate wk2 H	29.55
BEN_Holiday Hou	8.00	PTO_Sick Bank H	8.00

Earnings:			
Base Rate wk1	824.05	Base Rate wk2	684.97

Holiday 185.44 Sick Bank 185.44
Lump Sum 150.00

Deductions:



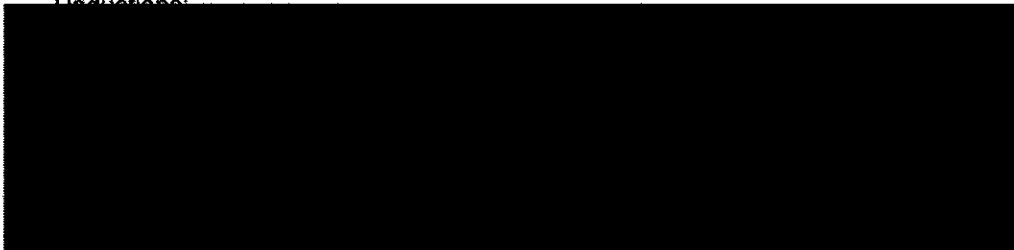
Rpt Seq Id: 84 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Santiago, James Patri Federal Run Type: Regular
Assignment No: 1293022 NY Pay Rate: 20.69
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 1632.46
Consolidation: BiWkly Freq 2 Gross Pay: 1632.46
GRE Name: Best Buy Stores, L.P. Net Pay: 1027.99
Organization: 000483-Rego Park-Svc T Net Payments: 1027.99
Location: 000483 Date Paid: 11-JUN-2021

Current Current

Hours:
Base Rate wk1 H 33.98 Base Rate wk2 H 33.47
OT Prem wk2 Hou 8.40

Earnings:
Base Rate wk1 703.05 Base Rate wk2 692.51
OT .5 Prem wk2 86.90 Lump Sum 150.00

Deductions:



BBY US Business Group

Report Date: 15-JUN-2021

Payroll Register

Starting Pay Date: 11-JUN-2021 Ending Pay Date: 11-JUN-2021

Rpt Seq Id: 85 Tax Filing Status Exemptions Pay Process: Run
Employee Name: Tobar, Ernesto Andres Federal Run Type: Regular
Assignment No: 917754 NY Pay Rate: 23.46
Payroll Name: Bwkly 2 BBY US Bank Gross Earnings: 2314.73
Consolidation: BiWkly Freq 2 Gross Pay: 2314.73
GRE Name: Best Buy Stores, L.P. Net Pay: 1459.59
Organization: 000483-Rego Park-Svc T Net Payments: 1459.59
Location: 000483 Date Paid: 11-JUN-2021

Current
Hours:
Base Rate wk1 H 38.87
OT Prem wk2 Hou 9.25
Prior Period 10 -7.95

Current
Base Rate wk2 H 38.55
BEN_Holiday Hou 8.00
Previous Period 7.95

Earnings:
Base Rate wk1 911.90
Holiday 187.68
Previous Period 186.51
Lump Sum 150.00

Base Rate wk2 904.40
OT .5 Prem wk2 108.51
Prior Period 10 -134.27

Deductions:



New York State Department of Labor
Harriman State Office Campus
Building 12, 185B, Albany, NY 12240
www.labor.ny.gov
518-457-1942

RELEASE FORM – DISCLOSURE INFORMATION

Pursuant to the request, initiated by

BEST BUY STORES LP

(Please print legal name of EMPLOYER)

to pay its manual workers on a biweekly or semimonthly basis,

I, CHARLES MONTREUIL

(Please print NAME of responsible officer signing release form)

SVP, HR REWARDS

(Please print TITLE of responsible officer signing release form)

hereby authorize the Division of Unemployment Insurance to disclose to the Permit and Certificate Unit of the Division of Labor Standards of New York State Department of Labor its record, if any, of said employer's Unemployment Insurance tax liabilities.

[REDACTED] Federal Employer Identification Number (FEIN)
(FEIN)

[REDACTED] Unemployment Insurance Employer Registration Number (ER#)
(ER#)

[Handwritten Signature]

Signature

3/16/2021

Date



New York State Department of Labor
Andrew M. Cuomo, Governor
Roberta Reardon, Commissioner

DATE May 19, 2021

Cory Livingood
Sr. Mgr. Wage & Hour Compliance
Best Buy Stores LP
7601 Penn Ave. South
Richfield, MN 55423-3645

RE. variance to pay manual workers bi-weekly

Dear Sir:

Enclosed find the records you sent us. We no longer need them.

In response to this letter, and in order to finalize your company's application for a variance to pay manual workers bi-weekly, we need you to supply the following three items:

- 1) A simple cover letter from your company's CFO or vice president of finance (or equivalent) affirming that Best Buy has no payroll debt beyond 30 days past due.
- 2) One recent pay period's payroll records for any single random Best Buy store located in NYS showing the names of the employees, the hours worked, gross wages, itemized deductions and net wages paid.
- 3) Best Buy's NYS-45 reporting forms, one for each of the four quarters in 2018, 2019 & 2020. Attached is a blank example. Hopefully it will help Best Buy locate the type of form we are requesting.

Please mail the items listed in (1) through (3) above to my attention using the address shown at the bottom of this letter. All items listed in (1) through (3) above must come in a *single* mailing. None of these items should come under separate cover.

Very truly yours,

A handwritten signature in black ink, appearing to read "J.C. Dacier".

Mr. J.C. Dacier
Investigative Officer 3
NYS Dept. of Labor



New York State Department of Labor
Andrew M. Cuomo, Governor
Roberta Reardon, Commissioner

DATE May 19, 2021

Cory Livingood
Sr. Mgr. Wage & Hour Compliance
Best Buy Stores LP
7601 Penn Ave. South
Richfield, MN 55423-3645

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Very truly yours,

A handwritten signature in black ink, appearing to read "J.C. Dacier".

Mr. J.C. Dacier
Investigative Officer 3
NYS Dept. of Labor

Dacier, J.C. (LABOR)

From: Dacier, J.C. (LABOR)
Sent: Friday, May 07, 2021 3:18 PM
To: 'Livingood, Cory'
Subject: Best Buy's application for a bi-weekly pay variance
Attachments: message_v2.rpmsg

We are unable to open this attachment that you sent. Please open it and print it. Then send it by surface mail to my attention at the address shown beneath my name. Please do not attempt to send it electronically again.

Thank you for your kind cooperation in this matter.

Mr. J.C. Dacier
(Clém)
Investigative Officer 3

New York State Department of Labor | Division of Labor Standards
Room 185B PCU Building 12
Albany, NY 12240
Office: 518-485-6334 (direct) j.c.dacier@labor.ny.gov
[Facebook](#) | [Twitter](#) | [YouTube](#) | [Linkedin](#)

WE ARE YOUR DOL



From: labor.sm.ls.peo.info
To: Livingood.Cory
Subject: RE: [CAUTION! EXTERNAL.] Best Buy seeking updated payroll waiver
Date: Monday, April 12, 2021 1:06:00 PM
Attachments: [image001.png](#)
[image002.png](#)

Thank you for your submission. Since the time that we sent you the application form that you used we have added requirements to the application process.

Please submit the following items listed below. In the meantime we will keep all the other papers you sent us on file.

- a. Proof the employer has a computerized record-keeping system for payroll which specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee;
- b. Computerized payroll records from the pay periods designated below which show the cumulative number of employees employed during those periods in New York State OR computerized payroll records from the most recent pay period 12 months earlier which show the cumulative number of employees employed in New York State and computerized payroll records for each of the 3 years prior to this application showing the cumulative number of employees employed outside New York State during:
 - i) the most recent pay period;
 - ii) the pay period 12-months prior to the application date;
 - iii) the pay period 24-months prior to the application date;
 - iv) the pay period 36-months prior to the application date or earlier.
- c. Proof of the company's continued ability to meet its payroll responsibilities including but not limited to an opinion letter from a certified public accountant affirming that the employer has not defaulted on any of its payroll obligations over the course of the three fiscal years preceding this application.

Once we receive the items listed in (a), (b) and (c) above we will be in a good position to approve your employer's petition.

Please submit all these items together in a single attachment.

From: Livingood, Cory <Cory.Livingood@bestbuy.com>
Sent: Wednesday, April 07, 2021 8:06 PM
To: labor.sm.ls.peo.info <PEOInfo.LS@labor.ny.gov>
Subject: RE: [CAUTION! EXTERNAL.] Best Buy seeking updated payroll waiver

Good evening,

Please see our attached waiver submission. Please let me know if you have any questions.

Thank you,
Cory Livingood
Sr. Manager, Wage and Hour Compliance
Cell 262-949-1102
Efax 952-430-2260
Visit: <https://hr.bestbuy.com/web/myhr/-/wage-and-hour-laws>

**BEST
BUY**

From: labor.sm.ls.peo.info <PEOInfo.LS@labor.ny.gov>
Sent: Friday, March 26, 2021 12:38 PM
To: Livingood, Cory <Cory.Livingood@bestbuy.com>
Subject: RE: [CAUTION! EXTERNAL.] Best Buy seeking updated payroll waiver

Yes, you can submit it electronically. However, the entire submission must come as a single 24-page PDF. We will return submissions that come as a series of individual attachments.

Have a nice day.

From: Livingood, Cory <Cory.Livingood@bestbuy.com>
Sent: Thursday, March 25, 2021 4:37 PM
To: labor.sm.ls.peo.info <PEOInfo.LS@labor.ny.gov>
Subject: RE: [CAUTION! EXTERNAL] Best Buy seeking updated payroll waiver

24 pages

Thank you,
Cory Livingood
Sr. Manager, Wage and Hour Compliance
Cell 262-949-1102
Efax 952-430-2260
Visit: <https://hr.bestbuy.com/web/myhr/-/wage-and-hour-laws>.



From: labor.sm.ls.peo.info <PEOInfo.LS@labor.ny.gov>
Sent: Thursday, March 25, 2021 2:49 PM
To: Livingood, Cory <Cory.Livingood@bestbuy.com>
Subject: RE: [CAUTION! EXTERNAL] Best Buy seeking updated payroll waiver

How many sheets of paper (or pages) do you have in the entire packet?

From: Livingood, Cory <Cory.Livingood@bestbuy.com>
Sent: Thursday, March 25, 2021 3:37 PM
To: labor.sm.ls.peo.info <PEOInfo.LS@labor.ny.gov>
Subject: RE: [CAUTION! EXTERNAL] Best Buy seeking updated payroll waiver

Am I able to submit the information for the payroll waiver to this email address rather than send in by US mail?

Thank you,
Cory Livingood
Sr. Manager, Wage and Hour Compliance
Cell 262-949-1102
Efax 952-430-2260
Visit: <https://hr.bestbuy.com/web/myhr/-/wage-and-hour-laws>.



From: labor.sm.ls.peo.info <PEOInfo.LS@labor.ny.gov>
Sent: Thursday, January 14, 2021 8:08 AM
To: Livingood, Cory <Cory.Livingood@bestbuy.com>
Subject: RE: [CAUTION! EXTERNAL] Best Buy seeking updated payroll waiver

Attached is the application form you requested. The process of applying for a waiver has many steps. It is not easy and it is time consuming. Please do not submit your company's application without each of the items requested on the application. Write to us if you need assistance or have a question. Have a nice day.

From: Livingood, Cory <Cory.Livingood@bestbuy.com>
Sent: Wednesday, January 13, 2021 6:06 PM
To: labor.sm.ls.peo.info <PEOInfo.LS@labor.ny.gov>
Subject: FW: [CAUTION! EXTERNAL] Best Buy seeking updated payroll waiver

Thank you for your guidance on this process. I'd like to check in to see if the payroll waiver process has been released to the

public. If yes, our Best Buy Stores, L.P. info is below, and this is the business entity we would like to request the waiver for.

Best Buy Stores, L.P.		2018	2019	2020
Worked some or	NY	9179	8891	8302
all of calendar year	Other	147917	145787	143442
Worked entirety	NY	4349	4218	4029
of calendar year	Other	74532	70764	71689

Thank you.
 Cory Livingood
 Sr. Manager, Wage and Hour Compliance
 Cell 262-949-1102
 Efax 952-430-2260
 Visit: <https://hr.bestbuy.com/web/myhr/-/wage-and-hour-laws>



From: labor.sm.ls.peo.info <PEOinfo.LS@labor.ny.gov>
 Sent: Thursday, November 19, 2020 12:16 PM
 To: Livingood, Cory <Cory.Livingood@bestbuy.com>
 Subject: RE: [CAUTION! EXTERNAL] Best Buy seeking updated payroll waiver

We have a new application form that contains a full set of instructions for applicants seeking to receive permission to pay bi-weekly. That document is so new that it still hasn't received approval for release to the public. Please write back and request a copy in 30 days.

When you write back to request an application you must submit the figures designated on the following table for the calendar years listed below:

tblBestBuy						
entity	total#employees (NYS-2020)	total#employees(US- 2020)	total#employees (NYS-2019)	total#employees(US- 2019)	total#employees (NYS-2018)	total#employees (US-2018)
BBY Holdings International, Inc.	0	0	0	0	0	0
BBY Services, Inc.	0	0	0	0	0	0
BBY Solutions, Inc.	0	0	0	0	0	0
Best Buy Co., Inc.	0	0	0	0	0	0
Best Buy Health, Inc.	0	0	0	0	0	0
Best Buy Stores, L.P.	0	0	0	0	0	0
Best Buy Warehousing Logistics, LLC	0	0	0	0	0	0
BestBuy.com, LLC	0	0	0	0	0	0
GTL, Incorporated	0	0	0	0	0	0
Magnolia Hi- Fi, LLC	0	0	0	0	0	0

Nichols Distribution, LLC	0	0	0	0	0	0
Partsearch Technologies, Inc.	0	0	0	0	0	0
ProTheo IV, LLC	0	0	0	0	0	0

From: Livingood, Cory <Cory.Livingood@bestbuy.com>
Sent: Thursday, November 19, 2020 11:54 AM
To: labor.sm.ls.peo.info <PEOInfo.LS@labor.ny.gov>
Subject: RE: [CAUTION! EXTERNAL] Best Buy seeking updated payroll waiver



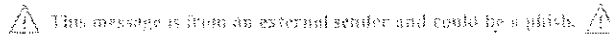
Good morning.

Thank you for this information. Can you outline the documents and data needed for an entity to apply for the variance?

Thank you,
 Cory Livingood
 Sr. Manager, Wage and Hour Compliance
 Cell 262-949-1102
 Efax 952-430-2260
 Visit: <https://hr.bestbuy.com/web/ny/hr/-/wage-and-hour-laws>



From: labor.sm.ls.peo.info <PEOInfo.LS@labor.ny.gov>
Sent: Tuesday, November 10, 2020 8:26 AM
To: Livingood, Cory <Cory.Livingood@bestbuy.com>
Subject: [CAUTION! EXTERNAL] Best Buy seeking updated payroll waiver

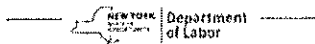


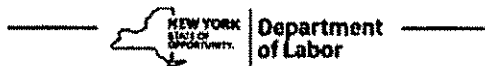
Slow down, read carefully and look for signs that it may be a phishing attempt. If you think it's malicious, click the report phishing button or forward this email to phishing@bestbuy.com.

Unfortunately we are unable to honor your request with just an email.

Each entity must apply on its own for a variance. By statute only the entities who have > 1000 employees in NYS (or >3000 employees nationwide) are qualified to apply for a bi-weekly pay variance.

New York State Department of Labor | Division of Labor Standards
 Room 185B Building 12
 Albany, NY 12240
[Facebook](#) | [Twitter](#) | [YouTube](#) | [LinkedIn](#)





Division of Labor Standards

Room 185B (PCU) Building 12 State Office Campus

Albany, NY 12240

APPLICATION FOR A VARIANCE TO PAY MANUAL WORKERS BI-WEEKLY

NOTE: This type of variance provides coverage only to those employers who for one year preceding the application employed an average of one thousand or more persons in this state and/or have for three years preceding the application employed an average of three thousand or more persons outside the state. Employers who do not fit either of these criteria will not qualify for a variance.

There is no application fee.

FILLING OUT THIS FORM: Answer the following questions (or supply the requested documents) in accordance with the instructions for each numbered item.

1. Legal name of the employer: Best Buy Stores, L.P.
2. Trade name of the employer: TechLiquidators Geek Squad, Cowboom, Best Buy, Pacific Kitchen and Home, Pacific Sales, Magnolia Home Theater
3. Employer's FEIN: [REDACTED]
4. Employer's address: 7601 Penn Ave South, Richfield, MN 55423
5. Name, title, address, direct phone number and email address of employer's representative making this petition:

Cory Livingood, Wage and Hour Compliance Manager,
7601 Penn Ave South, Richfield, MN 55423,
262-949-1102, Cory.Livingood@BestBuy.com
6. Are any of the employees represented by a union? NO
7. If you answered yes to question 6 provide the name, position, address, direct phone number and email address of union official(s) representing the employees:

NA _____

Please submit the following items the completed application:

8. Proof that the employer's workers' comp policy is in effect, for this purpose you must submit form C-105.2 or form U-26.3 (You must not submit an Acord liability form.)
9. Proof that the employer's disability policy is in effect, for this purpose you must submit form DB-120.1 or form DB-155;
10. A table alphabetically listing by location (e.g. Astoria, NY, Babylon, NY, Catskill, NY, etc.) the employer's NYS locations and the number of people cumulatively employed at each location in each of the last 3 complete a) fiscal years, or, b) calendar years with totals at the bottom of each of the three yearly columns.*
11. Proof that there are no outstanding warrants against the employer for failure to remit state personal income tax withholdings. You may obtain such proof by writing to the Department of Taxation and Finance and asking them to furnish you with a letter certifying that fact. The appropriate address is as follows:

New York State Department of Taxation and Finance

Disclosure and Government Exchange

Attn: Thomas Engel or Christine Kilmartin

Building #8, Room 700

NYS Office Building Campus

Albany, NY 12227

Phone: (518) 530-4362

Thomas.Engel@tax.ny.gov or Christine.Kilmartin@tax.ny.gov

NOTE: In your communications with the above-referenced agency you must provide the employer's FEIN.

12. The disclosure/release form that accompanies this form to verify that the employer's unemployment insurance tax account is not in arrears.
13. If you answered Question 6 affirmatively, a letter from responsible officials of the local union wherein these officials express their opposition to or concurrence with the employer's petition to pay manual workers bi-weekly or semi-monthly.

All items plus this application must be submitted together in one mailing to:

NYS Dept of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 185B
State Office Campus, Building 12
Albany NY 12240

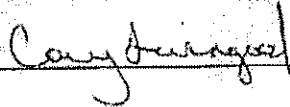
Please do not submit any of the items pertaining to this application under separate cover.

Also complete and submit the form found at the following link if you are a third party representative:

<https://www.labor.ny.gov/formsdocs/wp/LS11.pdf>

NAME OF PREPARER Cory Livingood

TITLE Wage and Hour Compliance Manager

SIGNATURE  DATE 4-7-21

*If the applicant wishes to qualify by showing that it has employed an average of 3,000 or more people during the last 3 calendar or fiscal years then the applicant should substitute a table alphabetically listing by location (e.g. Chicago, IL, Fairbanks, AK, Waco, TX, etc.) the employer's US locations and the number of people cumulatively employed at each location in each of the last 3 complete a) fiscal years, or, b) calendar years with totals at the bottom of each of the three yearly columns.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1 a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and not withstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

2018

Loc Code	Location Name	Loc Addr1	Loc Addr2	Loc City	Loc State	Loc Zip	Emps
200	US-000200-Commack	3124 JERICHO TPKE		East Northport	NY	11731-620	139
345	US-000345-Huntington Station	148 WALT WHITMAN RD		Huntington Station	NY	11746-412	138
374	US-000374-Yonkers	2478 CENTRAL PARK AVE		Yonkers	NY	10710-112	188
384	US-000384-Ithaca	40 CATHERWOOD RD		Ithaca	NY	14850-105	100
428	US-000428-Albany	1 CROSSGATES MALL RD		Albany	NY	12203-536	221
433	US-000433-Henrietta	2345 MARKETPLACE DR		Rochester	NY	14623-600	187
442	US-000442-Bay Shore	1851 SUNRISE HWY		Bay Shore	NY	11706-602	166
454	US-000454-Westbury	1100 OLD COUNTRY RD		Westbury	NY	11590-562	278
455	US-000455-West Nyack	1240 PALISADES CENTER DR		West Nyack	NY	10994-620	145
458	US-000458-South Setauket	281 POND PATH		South Setauket	NY	11720-200	161
459	US-000459-Amherst	1585 NIAGARA FALLS BLVD		Amherst	NY	14228-270	184
460	US-000460-Poughkeepsie	2001 SOUTH RD		Poughkeepsie	NY	12601-597	180
461	US-000461-Middletown	1100 N GALLERIA DR		Middletown	NY	10941-304	148
467	US-000467-Levittown	3601 HEMPSTEAD TPKE	NASSAU MALL	Levittown	NY	11756-131	210
469	US-000469-Staten Island	2795 RICHMOND AVE		Staten Island	NY	10314-586	175
471	US-000471-Mt Vernon	555 E SANDFORD BLVD		Mount Vernon	NY	10550-473	163
478	US-000478-Long Island City	5001 NORTHERN BLVD		Long Island City	NY	11101-103	241
482	US-000482-Chelsea	60 W 23RD ST		New York	NY	10010-528	226
483	US-000483-Rego Park	8801 QUEENS BLVD		Elmhurst	NY	11373-444	220
518	US-000518-Kingston	1300 ULSTER AVE	Ste 260	Kingston	NY	12401-150	110
538	US-000538-Syracuse	9090 DESTINY USA DR		Syracuse	NY	13204-609	147
541	US-000541-Saratoga Springs	3062 Route 50		Saratoga Springs	NY	12866-290	129
545	US-000545-New Hartford	4725 Commercial Dr		New Hartford	NY	13413-621	122
599	US-000599-Brooklyn(Caesar's Bay)	8923 BAY PARKWAY		Brooklyn	NY	11214-643	228
609	US-000609-Manhattan NOHO, NY	622 Broadway		New York	NY	10012-260	158
809	US-000809-Riverhead	1440 OLD COUNTRY RD	STE 100	Riverhead	NY	11901-208	128
822	US-000822-Hartsdale	299 N CENTRAL AVE		Hartsdale	NY	10530-180	156
824	US-000824-Patchogue	499 N SERVICE RD	SUITE 39	Patchogue	NY	11772-228	200
835	US-000835-86th&Lexington	1290 Lexington Ave		New York	NY	10028-210	230
950	US-000950-Valley Stream	6 WEST CIRCLE DR		Valley Stream	NY	11581-151	213
1028	US-001028-Midtown Manhattan	531 5TH AVE		New York	NY	10017-360	408
1029	US-001029-Cortlandt	3105 E MAIN ST		Mohegan Lake	NY	10547-152	109
1036	US-001036-Big Flats	950 COUNTY ROAD 64		Elmira	NY	14903-970	98
1089	US-001089-Watertown	21085 SALMON RUN MALL LOOP W		Watertown	NY	13601-193	100
1091	US-001091-Plattsburgh	60 Smithfield Blvd	Suite 109	Plattsburgh	NY	12901-210	84
1115	US-001115-Flushing	13107 40TH RD	STE C300	Flushing	NY	11354-511	143
1127	US-001127-De Witt	3401 ERIE BLVD E		Dewitt	NY	13214-163	119
1131	US-001131-Hamburg	3701 McKinley Pkwy	Ste 114	Buffalo	NY	14219-269	143
1152	US-001152-Walden Galleria	1 GALLERIA DR	J107	Cheektowaga	NY	14225-513	149
1172	US-001172-Bronx Terminal Market	610 EXTERIOR ST		Bronx	NY	10451-204	165

2018 continued

1193	US-001193-Clay	3967 Slate Route 31		Liverpool	NY	13090-131	73
1380	US-001380-Vestal	3209 VESTAL PKWY E		Vestal	NY	13850-214	138
1394	US-001394-Monroe	128 BAILEY FARM RD		Monroe	NY	10950-495	87
1400	US-001400-Greece	2833 W RIDGE RD		Rochester	NY	14626-163	130
1448	US-001448-Upper West Manhattan	1880 Broadway		New York	NY	10023-750	239
1455	US-001455-Clarance	4401 TRANSIT RD	STE 700	Buffalo	NY	14221-600	122
1467	US-001467-Baldwin	660 Sunrise Hwy		Baldwin	NY	11510-313	147
1520	US-001520-Kings Plaza	5102 Avenue U	Suite 0171	Brooklyn	NY	11234-332	132
1531	US-001531-Union Square	52 E 14th St	Suite 64	New York	NY	10003-414	335
1541	US-001541-Victor	7550 Commons Blvd		Victor	NY	14564-101	113
1641	US-001641-T35 Flex Labor Pool	1050 Old Country Rd		Westbury	NY	11590-562	44
1840	US-001840-USO NYC	1050 Old Country Road		Westbury	NY	11590-562	139
1870	US-001870-USO BUF/SYRCS/ALB NY	2833 W RIDGE RD		Rochester	NY	14626-163	135
1886	US-001886-Brooklyn Gateway	369 GATEWAY DR		Brooklyn	NY	11239-280	190
1891	US-001891-Fordham Road	402 E FORDHAM RD		Bronx	NY	10458-501	133
1906	US-001906-BBY Mobile-Union Square	2 UNION SQUARE E		New York	NY	10003-330	13
1940	US-001940-Sunrise Mall	1 SUNRISE MALL		Massapequa	NY	11758-434	4
2518	US-002518-Atlantic Center	625 Atlantic Ave	STE A7	Brooklyn	NY	11217-520	198
2801	US-002801-The Mall at Greece Ridge	271 GREECE RIDGE CENTER DR	STE 402	Rochester	NY	14626-281	9
2802	US-002802-The Marketplace	1 Miracle Mile Drive	Space #501	Rochester	NY	14623-585	8
2838	US-002838-Poughkeepsie Galleria	2001 SOUTH RD	STE 209	Poughkeepsie	NY	12601-720	8
2841	US-002841-Crossgates Mall	1 CROSSGATES MALL RD	101A	Albany	NY	12203-536	5
2842	US-002842-Sangerstown Square	8555 SENECA TPKE	SPC A12	New Hartford	NY	13413-151	6
2850	US-002850-Carousel Center	9090 DESTINY USA DR	SPC E106	Syracuse	NY	13204-609	4
2851	US-002851-The Galleria At Crystal Run	1 N GALLERIA DR	Space #D101	Middletown	NY	10941-303	7
2865	US-002865-Boulevard Mall	756 ALBERTA DR	STE 459	Amherst	NY	14226-110	5
2986	US-002986-Green Acres Mall NY	2050 GREEN ACRES MALL		Valley Stream	NY	11581-154	7
901044	US-901044-Retail District 44	1050 Old Country Road		Westbury	NY	11590	10
901054	US-901054-Retail District 54	9090 Destiny USA Drive		Syracuse	NY	13204-609	16
901059	US-901059-Retail District 58	1050 Old Country Road		Westbury	NY	11590	11
901104	US-901104-Retail District 104	1050 Old Country Road		Westbury	NY	11590	9
901112	US-901112-Retail District 112	1240 PALISADES CENTER DR		West Nyack	NY	10994-620	12
902033	US-902033-Retail Region 33 - TER 03	1050 Old Country Rd		Westbury	NY	11590	77
902035	US-902035-Retail Region 35 - TER 05	1050 Old Country Rd		Westbury	NY	11590	48
904026	US-904026-Retail Market 26	1050 Old Country Road		Westbury	NY	11590	13
904027	US-904027-Retail Market 27	1050 Old Country Rd		Westbury	NY	11590	16
982360	US-982360-Long Island Delivery Pad	40 Enter Lane		Islandia	NY	11749-481	1
983126	US-983126-IHA MARKET 26	1050 Old Country Road		Westbury	NY	11590	20
983127	US-983127-IHA MARKET 27	1050 Old Country Road		Westbury	NY	11590	26

Total 9506

2019

Loc Code	Location Name	Loc Addr1	Loc Addr2	Loc City	Loc State	Loc Zip	Emps
200	US-000200-Commack	3124 JERICHO TPKE		East Northport	NY	11731-6209	116
345	US-000345-Huntington Station	148 WALT WHITMAN RD		Huntington Station	NY	11746-4128	139
374	US-000374-Yonkers	2478 CENTRAL PARK AVE		Yonkers	NY	10710-1125	180
384	US-000384-Ithaca	40 CATHERWOOD RD		Ithaca	NY	14850-1056	111
428	US-000428-Albany	1 CROSSGATES MALL RD		Albany	NY	12203-5368	242
433	US-000433-Henrietta	2345 MARKETPLACE DR		Rochester	NY	14623-6009	173
442	US-000442-Bay Shore	1851 SUNRISE HWY		Bay Shore	NY	11706-6024	169
454	US-000454-Westbury	1100 OLD COUNTRY RD		Westbury	NY	11590-5625	252
455	US-000455-West Nyack	1240 PALISADES CENTER DR		West Nyack	NY	10994-6202	151
458	US-000458-South Setauket	261 POND PATH		South Setauket	NY	11720-2007	154
459	US-000459-Amherst	1585 NIAGARA FALLS BLVD		Amherst	NY	14228-2704	154
460	US-000460-Poughkeepsie	2001 SOUTH RD		Poughkeepsie	NY	12601-5978	176
461	US-000461-Middletown	1100 N GALLERIA DR		Middletown	NY	10941-3041	152
467	US-000467-Levittown	3601 HEMPSTEAD TPKE	NASSAU MAL	Levittown	NY	11756-1315	205
469	US-000469-Staten Island	2795 RICHMOND AVE		Staten Island	NY	10314-5866	169
471	US-000471-Mt Vernon	555 E SANDFORD BLVD		Mount Vernon	NY	10550-4736	193
478	US-000478-Long Island City	5801 NORTHERN BLVD		Long Island City	NY	11101-1033	204
482	US-000482-Chelsea	60 W 23RD ST		New York	NY	10010-5283	222
483	US-000483-Rego Park	8801 QUEENS BLVD		Elmhurst	NY	11373-4449	199
518	US-000518-Kingston	1300 ULSTER AVE	Ste 260	Kingston	NY	12401-1501	112
538	US-000538-Syracuse	9090 DESTINY USA DR		Syracuse	NY	13204-6090	153
541	US-000541-Saratoga Springs	3062 Route 50		Saratoga Springs	NY	12866-2906	138
545	US-000545-New Hartford	4725 Commercial Dr		New Hartford	NY	13413-6211	125
599	US-000599-Brooklyn(Caesar's Bay)	8923 BAY PARKWAY		Brooklyn	NY	11214-6437	233
609	US-000609-Manhattan NOHO, NY	622 Broadway		New York	NY	10012-2600	145
809	US-000809-Riverhead	1440 OLD COUNTRY RD	STE 100	Riverhead	NY	11901-2081	123
822	US-000822-Hartsdale	299 N CENTRAL AVE		Hartsdale	NY	10530-1803	145
824	US-000824-Patchogue	499 N SERVICE RD	SUITE 39	Patchogue	NY	11772-2287	158
835	US-000835-86th&Lexington	1280 Lexington Ave		New York	NY	10028-2105	201
950	US-000950-Valley Stream	6 WEST CIRCLE DR		Valley Stream	NY	11581-1517	209
1028	US-001028-Midtown Manhattan	531 5TH AVE		New York	NY	10017-3604	356
1029	US-001029-Cortlandt	3105 E MAIN ST		Mohagan Lake	NY	10547-1521	115
1036	US-001036-Big Flata	950 COUNTY ROAD 64		Elmira	NY	14903-9708	98
1089	US-001089-Watertown	21085 SALMON RUN MALL LOOP W		Watertown	NY	13601-1938	103
1091	US-001091-Plattsburg	60 Smithfield Blvd	Suite 109	Plattsburgh	NY	12901-2104	93
1115	US-001115-Flushing	13107 40TH RD	STE C300	Flushing	NY	11354-5117	150
1127	US-001127-De Witt	3401 ERIE BLVD E		Dewitt	NY	13214-1635	114
1131	US-001131-Hamburg	3701 McKinley Pkwy	Ste 114	Buffalo	NY	14219-2695	152
1152	US-001152-Walden Galleria	1 GALLERIA DR	J107	Cheektowaga	NY	14225-5134	124

2019 continued

1172	US-001172-Bronx Terminal Market	610 EXTERIOR ST		Bronx	NY	10451-2044	174
1183	US-001183-Clay	3967 State Route 31		Liverpool	NY	13090-1311	3
1380	US-001380-Vestal	3209 VESTAL PKWY E		Vestal	NY	13850-2143	121
1394	US-001394-Monroe	128 BAILEY FARM RD		Monroe	NY	10950-4952	97
1400	US-001400-Greece	2833 W RIDGE RD		Rochester	NY	14626-1632	135
1448	US-001448-Upper West Manhattan	1880 Broadway		New York	NY	10023-7500	208
1455	US-001455-Clarence	4401 TRANSIT RD	STE 700	Buffalo	NY	14221-6006	123
1467	US-001467-Baldwin	660 Sunrise Hwy		Baldwin	NY	11510-3136	148
1520	US-001520-Kings Plaza	5102 Avenue U	Suite 0171	Brooklyn	NY	11234-3321	149
1531	US-001531-Union Square	52 E 14th St	Suite 64	New York	NY	10003-4140	296
1541	US-001541-Victor	7550 Commons Blvd		Victor	NY	14564-1010	102
1840	US-001840-USO NYC	1050 OLD COUNTRY ROAD		Westbury	NY	11590-5625	193
1870	US-001870-USO BUF/SYRCS/ALBN	2833 W RIDGE RD		Rochester	NY	14626-1632	185
1886	US-001886-Brooklyn Gateway	369 GATEWAY DR		Brooklyn	NY	11239-2805	168
1891	US-001891-Fordham Road	402 E FORDHAM RD		Bronx	NY	10458-5010	152
2518	US-002518-Atlantic Center	625 Atlantic Ave	STE A7	Brooklyn	NY	11217-5208	200
2838	US-002838-Poughkeepsie Galleria	2001 SOUTH RD	STE 209	Poughkeepsie	NY	12601-7206	1
2850	US-002850-Carousel Center	9090 DESTINY USA DR	SPC E106	Syracuse	NY	13204-6090	1
901044	US-901044-Retail District 44	1050 OLD COUNTRY ROAD		Westbury	NY	11590	10
901054	US-901054-Retail District 54	9090 Destiny USA Drive		Syracuse	NY	13204-6090	9
901058	US-901058-Retail District 58	1050 OLD COUNTRY ROAD		Westbury	NY	11590	11
901104	US-901104-Retail District 104	1050 OLD COUNTRY ROAD		Westbury	NY	11590	8
901112	US-901112-Retail District 112	1240 PALISADES CENTER DR		West Nyack	NY	10994-6202	10
901126	US-901126-Retail District 126	9090 Destiny USA Drive		Syracuse	NY	13204-6090	8
902033	US-902033-Retail Region 33 - TER 03	1050 Old Country Rd		Westbury	NY	11590	40
902035	US-902035-Retail Region 35 - TER 05	1050 Old Country Rd		Westbury	NY	11590	3
904026	US-904026-Retail Market 26	1050 OLD COUNTRY ROAD		Westbury	NY	11590	30
904027	US-904027-Retail Market 27	1050 Old Country Rd		Westbury	NY	11590	12
982360	US-982360-Long Island Delivery Pad	40 Enter Lane		Islandia	NY	11749-4811	1
983126	US-983126-IHA MARKET 26	1050 OLD COUNTRY ROAD		Westbury	NY	11590	61
983127	US-983127-IHA MARKET 27	1050 OLD COUNTRY ROAD		Westbury	NY	11590	20

Total 9087

2020

Loc Code	Location Name	Loc Addr1	Loc Addr2	Loc City	Loc State	Loc Zip	Emps
200	US-000200-Cornmack	3124 JERICHO TPKE		East Northport	NY	11731-6209	114
345	US-000345-Huntington Station	148 WALT WHITMAN RD		Huntington Station	NY	11746-4128	122
374	US-000374-Yonkers	2478 CENTRAL PARK AVE		Yonkers	NY	10710-1125	168
384	US-000384-Ithaca	40 CATHERWOOD RD		Ithaca	NY	14850-1056	85
428	US-000428-Albany	1 CROSSGATES MALL RD		Albany	NY	12203-5368	207
433	US-000433-Henrietta	2345 MARKETPLACE DR		Rochester	NY	14623-6009	150
442	US-000442-Bay Shore	1851 SUNRISE HWY		Bay Shore	NY	11706-6024	154
454	US-000454-Westbury	1100 OLD COUNTRY RD		Westbury	NY	11590-5625	210
455	US-000455-West Nyack	1240 PALISADES CENTER DR		West Nyack	NY	10994-6202	151
458	US-000458-South Setauket	261 POND PATH		South Setauket	NY	11720-2007	128
459	US-000459-Amherst	1585 NIAGARA FALLS BLVD		Amherst	NY	14228-2704	155
460	US-000460-Poughkeepsie	2001 SOUTH RD		Poughkeepsie	NY	12601-6978	168
461	US-000461-Middletown	1100 N GALLERIA DR		Middletown	NY	10941-3041	133
467	US-000467-Levittown	3601 HEMPSTEAD TPKE	NASSAU MALL	Levittown	NY	11756-1315	181
469	US-000469-Staten Island	2795 RICHMOND AVE		Staten Island	NY	10314-5866	159
471	US-000471-Mt Vernon	555 E SANDFORD BLVD		Mount Vernon	NY	10550-4736	205
478	US-000478-Long Island City	5001 NORTHERN BLVD		Long Island City	NY	11101-1033	240
482	US-000482-Chelsea	60 W 23RD ST		New York	NY	10010-5283	193
483	US-000483-Rego Park	8801 QUEENS BLVD		Elmhurst	NY	11373-4449	189
518	US-000518-Kingston	1300 ULSTER AVE	Ste 260	Kingston	NY	12401-1501	65
536	US-000536-Syracuse	9090 DESTINY USA DR		Syracuse	NY	13204-6090	127
541	US-000541-Saratoga Springs	3062 Route 50		Saratoga Springs	NY	12866-2906	112
545	US-000545-New Hartford	4725 Commercial Dr		New Hartford	NY	13413-6211	103
599	US-000599-Brooklyn(Caesar's Bay)	8923 BAY PARKWAY		Brooklyn	NY	11214-6437	229
609	US-000609-Manhattan NOHO, NY	622 Broadway		New York	NY	10012-2600	142
809	US-000809-Riverhead	1440 OLD COUNTRY RD	STE 100	Riverhead	NY	11901-2081	108
822	US-000822-Hartsdale	299 N CENTRAL AVE		Hartsdale	NY	10530-1803	154
824	US-000824-Patchogue	499 N SERVICE RD	SUITE 39	Patchogue	NY	11772-2287	133
835	US-000835-86th&Lexington	1280 Lexington Ave		New York	NY	10028-2105	182
950	US-000950-Valley Stream	6 WEST CIRCLE DR		Valley Stream	NY	11581-1517	204
1028	US-001028-Midtown Manhattan	531 5TH AVE		New York	NY	10017-3604	289
1029	US-001029-Cortlandt	3105 E MAIN ST		Mohegan Lake	NY	10547-1521	93
1036	US-001036-Big Flats	950 COUNTY ROAD 64		Elmira	NY	14903-9708	79
1089	US-001089-Watertown	21085 SALMON RUN MALL LOOP W		Watertown	NY	13601-1938	89
1091	US-001091-Plattsburg	60 Smithfield Blvd	Suite 109	Plattsburgh	NY	12901-2104	79
1115	US-001115-Flushing	13107 40TH RD	STE C300	Flushing	NY	11354-5117	138
1127	US-001127-De Witt	3401 ERIE BLVD E		Dewitt	NY	13214-1636	110
1131	US-001131-Hamburg	3701 McKinley Pkwy	Ste 114	Buffalo	NY	14219-2695	124
1152	US-001152-Walden Galleria	1 GALLERIA DR	J107	Cheektowaga	NY	14225-5134	118

2020 continued

1172	US-001172-Bronx Terminal Market	610 EXTERIOR ST		Bronx	NY	10451-2044	172
1183	US-001183-Clay	3967 State Route 31		Liverpool	NY	13090-1311	1
1360	US-001360-Vestal	3209 VESTAL PKWY E		Vestal	NY	13850-2143	107
1394	US-001394-Monroe	128 BAILEY FARM RD		Monroe	NY	10950-4952	89
1400	US-001400-Greece	2833 W RIDGE RD		Rochester	NY	14626-1632	127
1448	US-001448-Upper West Manhattan	1880 Broadway		New York	NY	10023-7500	169
1455	US-001455-Clarence	4401 TRANSIT RD	STE 700	Buffalo	NY	14221-6006	43
1467	US-001467-Baldwin	660 Sunrise Hwy		Baldwin	NY	11510-3136	128
1520	US-001520-Kings Plaza	5102 Avenue U	Suite 0171	Brooklyn	NY	11234-3321	133
1531	US-001531-Union Square	52 E 14th St	Suite 64	New York	NY	10003-4140	241
1541	US-001541-Victor	7550 Commons Blvd		Victor	NY	14564-1010	99
1840	US-001840-USO NYC	1050 OLD COUNTRY ROAD		Westbury	NY	11590-5625	320
1870	US-001870-USO BUF/SYRCS/ALBN	2833 W RIDGE RD		Rochester	NY	14626-1632	231
1886	US-001886-Brooklyn Gateway	369 GATEWAY DR		Brooklyn	NY	11239-2805	161
1891	US-001891-Fordham Road	402 E FORDHAM RD		Bronx	NY	10458-5010	174
2518	US-002518-Atlantic Center	625 Atlantic Ave	STE A7	Brooklyn	NY	11217-5208	216
2838	US-002838-Poughkeepsie Galleria	2001 SOUTH RD	STE 209	Poughkeepsie	NY	12601-7206	1
6559	US-006559-Manhattan Custom	1880 Broadway		New York	NY	10023-7500	13
6661	US-006661-Albany Custom	1 CROSSGATES MALL RD		Albany	NY	12203-5368	7
6562	US-006562-Long Island Custom	1100 OLD COUNTRY RD		Westbury	NY	11590-5625	12
901044	US-901044-Retail District 44	1050 OLD COUNTRY ROAD		Westbury	NY	11590	7
901054	US-901054-Retail District 54	9090 Destiny USA Drive		Syracuse	NY	13204-6090	8
901058	US-901058-Retail District 58	1050 OLD COUNTRY ROAD		Westbury	NY	11590	8
901104	US-901104-Retail District 104	1050 OLD COUNTRY ROAD		Westbury	NY	11590	8
901112	US-901112-Retail District 112	1240 PALISADES CENTER DR		West Nyack	NY	10994-6202	6
901126	US-901126-Retail District 126	9090 Destiny USA Drive		Syracuse	NY	13204-6090	8
902033	US-902033-Retail Region 33 - TER 03	1050 Old Country Rd		Westbury	NY	11590	24
904026	US-904026-Retail Market 26	1050 OLD COUNTRY ROAD		Westbury	NY	11590	34
982360	US-982360-Long Island Delivery Pad	40 Enter Lane		Islandia	NY	11749-4811	53
983126	US-983126-IHA MARKET 26	1050 OLD COUNTRY ROAD		Westbury	NY	11590	60

Total 8450



New York State Department of Labor
David A. Paterson, *Governor*
M. Patricia Smith, *Commissioner*

September 24, 2009

Ms. Jennifer F. Martin
Employee Relations, Best Buy
Best Buy Corporate Campus
7601 Penn Avenue
South Richfield, Minnesota 55423-3645

Dear Ms. Martin:

This is in response to your recent correspondence on behalf of Best Buy Co., Inc. & LLC, for authorization to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

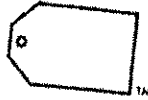
The New York State Department of Labor has carefully reviewed the material submitted and determined that Best Buy Co., Inc. & LLC has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Best Buy Co., Inc. & LLC to pay wages to its manual workers employed in New York State on a biweekly basis.

Sincerely,

A handwritten signature in cursive script that reads "M Patricia Smith".

M. Patricia Smith



BEST BUY™

June 15, 2009

NYS Department of Labor
Division of Labor Standards Rm. 288C
State Office Campus Bldg. 12
Albany, NY 12240
Attn: J.C. Dacier

RECEIVED
NYS DEPT OF LABOR
ALBANY, NY

AUG 10 2009

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

You have requested several documents and information in order for permission to be granted to pay manual workers bi-weekly in NYS. The documents are numbered and listed below:

1. Best Buy Co., Inc. & LLC, 7601 Penn Ave South, Richfield, MN 55423
Attn: Jennifer Martin, B2. FEIN # [REDACTED] Best Buy is making the request to pay our workers bi-weekly in NYS because we are a huge corporation and our payroll systems are programmed to pay our employees bi-weekly because that is what most states require. We would have to reprogram our systems and request permission not to have to.
2. Enclosed Documents #1: NYS Retail locations and # of Employees, #2: NYS Best Buy Mobile locations and # of Employees, #3: NYS Distribution Center location and # of Employees and #4: NYS District and Territory Offices and # of Employees.
3. Document #5: Certificate of Liability Insurance
4. Document #6: Letter from Timothy Forbes: NYS Department of Taxation and Finance, stating we do not owe any money.
5. Document #7: Completed document granting permission to verify that the employer owes no unemployment insurance taxes.
6. Documents #8-11 are the examples requested of the employer's computerized payroll record-keeping system documents.

Mr. Dacier, If you have any questions, please feel free to contact me at (612) 834-1206 Jennifer.Martin@BestBuy.com. Thank you for your time and attention to this request.

Sincerely,

Jennifer F. Martin
Employee Relations, Best Buy



New York State Department of Labor
David A. Paterson, Governor
M. Patricia Smith, Commissioner

Date: 24 Aug '09

To: Director Carmine Ruberto *FILE*
From: J. C. Dacier
Subject: *Best Buy*
Manual Worker Pay Period Extension

Attached please find the material the above employer has submitted in support of its request to pay its manual workers less frequently than weekly.

Based upon the information supplied by the employer:

in each of the three years preceding the application the average number of workers it has employed in New York State has exceeded 1,000;

the firm maintains a computerized record-keeping system which specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee;

it possesses Workers' Compensation coverage;

there is no union.

Letters from the Unemployment Insurance Division and Taxation and Finance indicate there are no outstanding warrants or tax liabilities.

Since it further appears that all the other conditions enumerated in Article 6, Section 191.1a(ii) of the Labor Law have been satisfied, I recommend that Best Buy receive approval to pay its manual workers on a bi-weekly basis.

Attached are pertinent parts of the file.

Phone: (518) 457-1942 Fax: (518) 457-2731
W. Averell Harriman State Office Campus, Bldg. 12, Room 266A, Albany, NY 12240

Dacier, J.C. (LABOR)

From: Dacier, J.C. (LABOR)
Sent: Monday, August 17, 2009 3:37 PM
To: 'jennifer.martin@bestbuy.com'
Subject: permission to pay manual workers bi-weekly in New York state

Dear Madam:

I have finally received your petition dated June 15, 2009. I do not know why it took so long to get to me. Your petition is mostly complete. Only two things are missing: 1) proof of coverage for NYS disability insurance; and, 2) proof of coverage for NYS workers' compensation insurance. The Acord insurance document that you sent cannot be used for purposes of showing workers' comp and disability insurance coverage.

Please send form DB-120.1 to show proof of coverage for NYS disability insurance; your insurance carrier is responsible for providing this document to you. Please send form C-105.2 or form U 26.3 to show proof of coverage for NYS workers' comp insurance; your insurance carrier is responsible for providing this document to you.

My experience shows that insurance carriers generally have a difficult time locating these NYS specific documents for employers. You must be persistent with them. We will not honor Best Buy's petition for permission to pay manual workers bi-weekly unless we receive the documents specifically described above. Please remind the insurance carriers that Best Buy pays them a lot of money and that Best Buy has every right to expect this kind of service.

Please send the documents together in one mailing to:

NYSDOL
Rm. 226A, Bldg. 12
State Office Campus
Albany, NY 12240
attn. J.C. Dacier

Do not send the documents under two separate covers. Work is suspended on Best Buy's petition until receipt of the documents in question.

Respectfully yours,

J.C. Dacier
Senior Investigator
NYS Dept. of Labor

Bi-Weekly Payroll Checklist

- ◇ Complete application, including FEIN ✓
- ◇ Reason why variance is needed ✓
- ◇ # of employees on the payroll in NYS at the end of a pay period from last month and from pay periods 12 months, 24 months and 36 months earlier *or* the # of all employees on the payroll in NYS at the end of a pay period from last month and from the pay period 12 months earlier *and* the average # of employees outside NYS during the last 3 years ✓
- ◇ Proof of coverage for WC/DB, including effective dates and names of insurers providing coverage
- ◇ Proof that the employer has a computerized payroll record-keeping system that specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee ✓
- ◇ *Release Form – Disclosure Information* authorizing UI to disclose its record, if any, of the employer's UI tax liabilities, along with the FEIN and UI Employer Registration # ✓
- ◇ Certifying letter from the NYS Dept. of Taxation & Finance that there are no outstanding warrants against the employer for failure to remit state Personal Income Tax withholdings ✓
- ◇ Enter ER data in [**manual wkr ongoing database.mdb**] located at \\Dol0a1fs1\wrkerprot\LS\LS1\IPCS\Permit and Certificate Unit\Bi-Weekly Payroll ✓
- ◇ If employees are represented by a labor union, employer must present either a letter from an appropriate union official attesting to the fact that it consents to the requested pay period extension *or* a copy of the current contract in which a bi-weekly or semi-monthly pay period has been agreed upon N/A

Doc #1

All Retail

Loc Description	Per Emp Nbr COUNT	Loc State
US-000835-86th&Lexington	175	NY
US-000428-Albany	137	NY
US-000459-Amherst	127	NY
US-001467-Baldwin	86	NY
US-000442-Bay Shore	93	NY
US-001908-BBY Mobile-Seventh	7	NY
US-001906-BBY Mobile-Union Square NY	9	NY
US-001036-Big Flats	72	NY
US-001172-Bronx Terminal Market	2	NY
US-001886-Brooklyn Gateway	1	NY
US-000599-Brooklyn(Caesar's Bay)	155	NY
US-000482-Chelsea	167	NY
US-001455-Clarence	83	NY
US-001183-Clay	80	NY
US-000200-Commack	109	NY
US-001029-Cortlandt	84	NY
US-001127-De Witt	82	NY
US-001891-Fordham Road	111	NY
US-001400-Greece	91	NY
US-001131-Hamburg	100	NY
US-000822-Hartsdale	107	NY
US-000433-Henrietta	110	NY
US-000345-Huntington Station	104	NY
US-000384-Ithaca	82	NY
US-000518-Kingston	109	NY
US-000467-Levittown	116	NY
US-000478-Long Island City	164	NY
US-000609-Manhattan NOHO, NY	98	NY
US-000461-Middletown	135	NY
US-001028-Midtown Manhattan	166	NY
US-001394-Monroe	68	NY
US-000471-Mt Vernon	125	NY
US-000545-New Hartford	87	NY
US-982781-Nichols Dc	196	NY
US-000824-Patchogue	116	NY
US-001091-Plattsburg	82	NY
US-000460-Poughkeepsie	143	NY
US-000483-Rego Park	147	NY
US-901044-Retail District 44	14	NY
US-901048-Retail District 48	8	NY
US-901054-Retail District 54	16	NY
US-901058-Retail District 58	19	NY
US-903002-Retail Division 2	3	NY
US-902038-Retail Region 38 - TER 08	43	NY
US-000809-Riverhead	92	NY
US-000541-Saratoga Springs	99	NY
US-000458-South Setauket	109	NY
US-000469-Staten Island	139	NY
US-001941-Staten Island Mall	7	NY
US-001940-Sunrise Mall	5	NY
US-000538-Syracuse	114	NY

All Retail

6%

US-001531-Union Square	3	NY
US-001448-Upper West Manhattan	123	NY
US-001834-USO Buffalo	12	NY
US-001840-USO New York 1	44	NY
US-001841-USO New York 2	27	NY
US-001842-USO New York 3	28	NY
US-001843-USO New York 4	38	NY
US-001846-USO New York 7	21	NY
US-001870-USO Syracuse	14	NY
US-000950-Valley Stream	117	NY
US-001380-Vestal	3	NY
US-001152-Walden Galleria	81	NY
US-001089-Watertown	74	NY
US-000455-West Nyack	142	NY
US-000454-Westbury	190	NY
US-001069-Woodmere	79	NY
US-000374-Yonkers	123	NY

TOTAL 5724

Doc #2

BBY Mobile

Loc Description	Per Emp Nbr COUNT	Hrcy Department	Loc State
US-000835-86th&Lexington	12	000835-86th&Lexington-Best Buy Mobile	NY
US-000428-Albany	10	000428-Albany-Best Buy Mobile	NY
US-000459-Amherst	7	000459-Amherst-Best Buy Mobile	NY
US-001467-Baldwin	6	001467-Baldwin-Best Buy Mobile	NY
US-000442-Bay Shore	7	000442-Bay Shore-Best Buy Mobile	NY
US-001908-BBY Mobile-Sevenh	1	001908-BBYM-Sevenh-Management	NY
US-001908-BBY Mobile-Sevenh	6	001908-BBYM-Sevenh-Wireless	NY
US-001906-BBY Mobile-Union Square NY	1	001906-BBYM-Union Square-Management	NY
US-001906-BBY Mobile-Union Square NY	8	001906-BBYM-Union Square-Wireless	NY
US-001036-Big Flats	3	001036-Big Flats-Best Buy Mobile	NY
US-000599-Brooklyn(Caesar's Bay)	10	000599-Brooklyn-Best Buy Mobile	NY
US-000482-Chelsea	11	000482-Chelsea-Best Buy Mobile	NY
US-001455-Clarence	5	001455-Clarence-Best Buy Mobile	NY
US-001183-Clay	6	001183-Clay-Best Buy Mobile	NY
US-000200-Commack	7	000200-Commack-Best Buy Mobile	NY
US-001029-Cortlandt	6	001029-Cortlandt-Best Buy Mobile	NY
US-001127-De Witt	3	001127-DeWitt-Best Buy Mobile	NY
US-001891-Fordham Road	8	001891-Fordham Road-Best Buy Mobile	NY
US-001400-Greece	6	001400-Greece-Best Buy Mobile	NY
US-001131-Hamburg	4	001131-Hamburg-Best Buy Mobile	NY
US-000822-Hartsdale	7	000822-Hartsdale-Best Buy Mobile	NY
US-000433-Henrietta	6	000433-Henrietta-Best Buy Mobile	NY
US-000345-Huntington Station	7	000345-Huntington Station-Best Buy Mobile	NY
US-000384-Ithaca	4	000384-Ithaca-Best Buy Mobile	NY
US-000518-Kingston	7	000518-Kingston-Best Buy Mobile	NY
US-000467-Levittown	7	000467-Levittown-Best Buy Mobile	NY
US-000478-Long Island City	8	000478-Long Island City-Best Buy Mobile	NY
US-000609-Manhattan NOHO, NY	7	000609-NOHO Manhattan-Best Buy Mobile	NY
US-000461-Middletown	9	000461-Middletown-Best Buy Mobile	NY
US-001028-Midtown Manhattan	9	001028-Midtown Manhattan-Best Buy Mobile	NY
US-001394-Monroe	4	001394-Monroe-Best Buy Mobile	NY
US-000471-Mt Vernon	9	000471-Mt Vernon-Best Buy Mobile	NY
US-000545-New Hartford	5	000545-New Hartford-Best Buy Mobile	NY
US-000824-Patchogue	10	000824-Patchogue-Best Buy Mobile	NY
US-001091-Plattsburg	4	001091-Plattsburg-Best Buy Mobile	NY
US-000460-Poughkeepsie	9	000460-Poughkeepsie-Best Buy Mobile	NY

BBY Mobile

US-000483-Rego Park	8	000483-Rego Park-Best Buy Mobile	NY
US-000809-Riverhead	9	000809-Riverhead-Best Buy Mobile	NY
US-000541-Saratoga Springs	5	000541-Saratoga Springs-Best Buy Mobile	NY
US-000458-South Setauket	7	000458-South Setauket-Best Buy Mobile	NY
US-000469-Staten Island	10	000469-Staten Island-Best Buy Mobile	NY
US-000538-Syracuse	6	000538-Syracuse-Best Buy Mobile	NY
US-001448-Upper West Manhattan	8	001448-Upper West Manhattan-Best Buy Mobile	NY
US-000950-Valley Stream	8	000950-Valley Stream-Best Buy Mobile	NY
US-001152-Walden Galleria	6	001152-Walden Galleria-Best Buy Mobile	NY
US-001089-Watertown	4	001089-Watertown-Best Buy Mobile	NY
US-000455-West Nyack	7	000455-West Nyack-Best Buy Mobile	NY
US-000454-Westbury	13	000454-Westbury-Best Buy Mobile	NY
US-001069-Woodmere	5	001069-Woodmere-Best Buy Mobile	NY
US-000374-Yonkers	9	000374-Yonkers-Best Buy Mobile	NY

#8

General Info

Name	Emp Nbr	Location	Loc City	Loc St	Job Title	Job Curr Grade	Hire Date
		US-000200-Corrmack	East Northport	NY	SALES ASSOC, APPLIANCES	3..Non Exempt	07/01/06
		US-000374-Yonkers	Yonkers	NY	SPEC, MERCHANDISING	3..Non Exempt	10/27/07
		US-000428-Albany	Albany	NY	SPEC, MERCHANDISING	3..Non Exempt	11/07/08
		US-000345-Huntington Station	Huntington Station	NY	COUNTER OPERATIONS	4..Non Exempt	11/15/07
		US-000384-Ithaca	Ithaca	NY	SPEC, ASSET PROTECTION	3..Non Exempt	11/17/02

#9

Pay History

Name	Emp Nbr	Current Annual	Hourly Rate	Pay Basis	Effective Date	End Date	Reason
		16661	8.01	Hourly	07/01/06	09/30/06	New Hire
		17160	8.25	Hourly	10/01/06	06/23/07	Components exist
		17932	8.62	Hourly	06/24/07	06/21/08	Components exist
		18739	9.01	Hourly	06/22/08	12/31/12	Components exist
		20800	10.00	Hourly	10/27/07	01/19/08	New Hire
		21424	10.30	Hourly	01/20/08	05/24/08	Components exist
		22464	10.80	Hourly	05/25/08	10/25/08	Components exist
		23130	11.12	Hourly	10/26/08	12/31/12	Components exist
		18200	8.75	Hourly	11/10/07	01/26/08	New Hire
		18747	9.01	Hourly	01/27/08	10/05/08	Components exist
		18720	9.00	Hourly	11/07/08	12/31/12	Rehire
		17680	8.50	Hourly	11/15/07	02/02/08	New Hire
		18210	8.76	Hourly	02/03/08	11/08/08	Components exist
		19030	9.15	Hourly	11/09/08	12/31/12	Components exist
		15600	7.50	Hourly	11/17/02	03/22/03	New Hire
		17264	8.30	Hourly	03/23/03	11/15/03	Components exist
		17782	8.55	Hourly	11/16/03	11/13/04	Components exist
		18493	8.89	Hourly	11/14/04	11/12/05	Components exist
		19049	9.16	Hourly	11/13/05	09/02/06	Components exist
		22897	11.01	Hourly	09/03/06	11/11/06	Components exist
		23926	11.50	Hourly	11/12/06	11/08/08	Components exist
		24165	11.62	Hourly	11/09/08	12/31/12	Components exist

#10

Pay Details History

Name	Emp Nbr	Pay Period	Check	Element Name	Hours	Amount
		07/08/06	07/14/06	Overtime	7.25	87.12
		07/08/06	07/14/06	Time Entry Wages	18.44	147.71
		07/22/06	07/28/06	Time Entry Wages	48.21	386.18
		08/05/06	08/11/06	Time Entry Wages	58.15	465.79
		08/19/06	08/25/06	Time Entry Wages	69.6	557.5
		09/02/06	09/08/06	Time Entry Wages	53.65	429.74
		09/16/06	09/22/06	Overtime	5.05	60.68
		09/16/06	09/22/06	Time Entry Wages	37.17	297.74
		09/30/06	10/06/06	Time Entry Wages	33.12	265.3
		10/14/06	10/20/06	Time Entry Wages	36.94	304.76
		10/28/06	11/03/06	Time Entry Wages	26.44	218.13
		11/11/06	11/17/06	Time Entry Wages	28.15	232.24
		11/25/06	12/01/06	Time Entry Wages	44.02	363.18
		12/09/06	12/15/06	Time Entry Wages	23.85	196.77
		12/23/06	12/29/06	Overtime	6.5	80.44
		12/23/06	12/29/06	Time Entry Wages	58.15	479.74
		01/06/07	01/12/07	Overtime	4.83	59.78
		01/06/07	01/12/07	Time Entry Wages	53.76	443.52
		01/20/07	01/26/07	Time Entry Wages	46.82	386.27
		02/03/07	02/09/07	Time Entry Wages	20.84	171.93
		02/17/07	02/23/07	Time Entry Wages	25.57	210.96
		03/03/07	03/09/07	Time Entry Wages	47.39	390.97
		03/17/07	03/23/07	Time Entry Wages	26.73	220.53
		03/31/07	04/06/07	Time Entry Wages	17.72	146.19
		04/14/07	04/20/07	Time Entry Wages	22.97	189.51
		04/28/07	05/04/07	Time Entry Wages	15.31	126.31
		05/12/07	05/18/07	Time Entry Wages	24.87	205.18
		05/26/07	06/01/07	Time Entry Wages	59.19	488.32
		06/09/07	06/15/07	Time Entry Wages	36.38	300.14
		06/23/07	06/29/07	Time Entry Wages	44.25	365.07
		07/07/07	07/13/07	Overtime	5.85	75.66
		07/07/07	07/13/07	Time Entry Wages	39.89	343.9
		07/21/07	07/27/07	Time Entry Wages	66.59	574.09
		08/04/07	08/10/07	Overtime	0.03	0.39
		08/04/07	08/10/07	Time Entry Wages	61.93	533.9
		08/18/07	08/24/07	Overtime	0.08	1.04

Pay Details History

08/18/07	08/24/07	Time Entry Wages	74.32	640.72
09/01/07	09/07/07	Time Entry Wages	59.5	512.95
09/15/07	09/21/07	Time Entry Wages	58.36	503.13
09/29/07	10/05/07	Time Entry Wages	59.46	512.62
10/13/07	10/19/07	Time Entry Wages	66.05	569.42
10/27/07	11/02/07	Time Entry Wages	59.31	511.32
11/10/07	11/16/07	Time Entry Wages	60.85	524.59
11/24/07	11/30/07	Overtime	11.7	151.31
11/24/07	11/30/07	Time Entry Wages	70	603.48
12/08/07	12/14/07	Time Entry Wages	58.99	508.56
12/22/07	12/28/07	Time Entry Wages	63.45	547.01
01/05/08	01/11/08	Overtime	7.75	100.22
01/05/08	01/11/08	Time Entry Wages	68.5	590.54
01/19/08	01/25/08	Overtime	2.52	32.59
01/19/08	01/25/08	Time Entry Wages	67.05	578.04
02/02/08	02/08/08	Time Entry Wages	52.5	452.61
02/16/08	02/22/08	Time Entry Wages	39.92	344.16
03/01/08	03/07/08	Time Entry Wages	23.42	201.91
03/15/08	03/21/08	Time Entry Wages	19.46	167.77
03/29/08	04/04/08	Time Entry Wages	12.36	106.56
04/12/08	04/18/08	Time Entry Wages	20.2	174.15
04/26/08	05/02/08	Time Entry Wages	40.42	348.47
05/10/08	05/16/08	Time Entry Wages	28.22	243.29
05/24/08	05/30/08	Time Entry Wages	68.95	594.42
06/07/08	06/13/08	Overtime	6.97	90.14
06/07/08	06/13/08	Time Entry Wages	67.2	579.34
06/21/08	06/27/08	Time Entry Wages	79.56	685.9
07/05/08	07/11/08	Overtime	6.98	94.33
07/05/08	07/11/08	Time Entry Wages	66.07	595.24
07/19/08	07/25/08	Time Entry Wages	72.92	656.94
08/02/08	08/08/08	Time Entry Wages	68.68	618.76
08/16/08	08/22/08	Time Entry Wages	74.19	668.39
08/30/08	09/05/08	Time Entry Wages	74.45	670.74
09/13/08	09/19/08	Overtime	7.57	102.3
09/13/08	09/19/08	Time Entry Wages	53.71	483.88
09/27/08	10/03/08	Time Entry Wages	49.18	443.08
10/11/08	10/17/08	Time Entry Wages	42.74	385.06

Pay Details History

10/25/08	10/31/08	Time Entry Wages	39.4	354.97
11/08/08	11/14/08	Time Entry Wages	39.17	352.89
11/22/08	11/28/08	Time Entry Wages	41.73	375.96
12/06/08	12/12/08	Time Entry Wages	34.65	312.17
12/20/08	12/26/08	Time Entry Wages	47.25	425.68
01/03/09	01/09/09	Overtime	5.63	76.09
01/03/09	01/09/09	Time Entry Wages	52.78	475.51
01/17/09	01/23/09	Time Entry Wages	35.72	321.81
01/31/09	02/06/09	Time Entry Wages	32.75	295.06
02/14/09	02/20/09	Time Entry Wages	41.2	371.18
02/28/09	03/06/09	Time Entry Wages	42.83	385.87
03/14/09	03/20/09	Time Entry Wages	29.33	264.25
03/28/09	04/03/09	Time Entry Wages	41.83	376.85
04/11/09	04/17/09	Time Entry Wages	38.75	349.11
04/25/09	05/01/09	Time Entry Wages	30.67	276.32
05/09/09	05/15/09	Time Entry Wages	35.92	323.61
05/23/09	05/29/09	Time Entry Wages	49.63	447.13
11/10/07	11/16/07	Time Entry Wages	39.15	391.5
11/24/07	11/30/07	Time Entry Wages	74.22	742.2
12/08/07	12/14/07	Overtime	1.77	26.55
12/08/07	12/14/07	Time Entry Wages	69.08	690.8
12/22/07	12/28/07	Overtime	6.13	91.95
12/22/07	12/28/07	Time Entry Wages	77.3	773
01/05/08	01/11/08	Overtime	5.98	89.7
01/05/08	01/11/08	Time Entry Wages	65.4	654
01/19/08	01/25/08	Time Entry Wages	37.83	378.3
02/02/08	02/08/08	Time Entry Wages	36.8	379.04
02/16/08	02/22/08	Time Entry Wages	58.85	606.16
03/01/08	03/07/08	Time Entry Wages	41.95	432.09
03/15/08	03/21/08	Time Entry Wages	39.63	408.19
03/29/08	04/04/08	Time Entry Wages	47.48	489.05
04/12/08	04/18/08	Time Entry Wages	52.62	541.99
04/26/08	05/02/08	Time Entry Wages	54.65	562.9
05/10/08	05/16/08	Time Entry Wages	49.05	505.22
05/24/08	05/30/08	Time Entry Wages	49.54	510.27
06/07/08	06/13/08	BEN_Holiday Hourly	8	86.4
06/07/08	06/13/08	Overtime	5.45	88.3

Pay Details History

06/07/08	06/13/08	Time Entry Wages	65.03	702.33
06/21/08	06/27/08	Time Entry Wages	63.87	689.8
07/05/08	07/11/08	BEN_Holiday Hourly	8	86.4
07/05/08	07/11/08	Overtime	5.25	85.06
07/05/08	07/11/08	Time Entry Wages	70.27	758.92
07/19/08	07/25/08	Time Entry Wages	70.7	763.57
08/02/08	08/08/08	Time Entry Wages	39.5	426.6
08/16/08	08/22/08	Time Entry Wages	64.58	697.47
08/30/08	09/05/08	Time Entry Wages	77.57	837.76
09/13/08	09/19/08	BEN_Holiday Hourly	8	86.4
09/13/08	09/19/08	Overtime	9.82	159.09
09/13/08	09/19/08	Previous Period Hours	7.35	79.38
09/13/08	09/19/08	Time Entry Wages	69.95	755.46
09/27/08	10/03/08	Time Entry Wages	79.42	857.74
10/11/08	10/17/08	Time Entry Wages	75.13	811.41
10/25/08	10/31/08	Overtime	0.25	4.06
10/25/08	10/31/08	Time Entry Wages	72.87	787
11/08/08	11/14/08	Time Entry Wages	78.64	874.49
11/22/08	11/28/08	Time Entry Wages	76.78	853.8
12/06/08	12/12/08	BEN_Holiday Hourly	8	88.96
12/06/08	12/12/08	Overtime	0.15	2.51
12/06/08	12/12/08	Previous Period Hours	0.83	9.23
12/06/08	12/12/08	Time Entry Wages	77.57	862.59
12/20/08	12/26/08	PTO_Absence Hourly	8	88.96
12/20/08	12/26/08	Time Entry Wages	70.2	780.63
01/03/09	01/09/09	BEN_Holiday Hourly	16	177.92
01/03/09	01/09/09	Overtime	8.08	134.78
01/03/09	01/09/09	Time Entry Wages	70.78	787.08
01/17/09	01/23/09	Time Entry Wages	69.91	777.41
01/31/09	02/06/09	Time Entry Wages	74.83	832.12
02/14/09	02/20/09	Time Entry Wages	73.1	812.88
02/28/09	03/06/09	PTO_Absence Hourly	8	88.96
02/28/09	03/06/09	Time Entry Wages	64.72	719.7
03/14/09	03/20/09	Time Entry Wages	73.53	817.67
03/28/09	04/03/09	Time Entry Wages	70.46	783.52
04/11/09	04/17/09	Overtime	1.22	20.36
04/11/09	04/17/09	Time Entry Wages	77.92	866.49

Pay Details History

04/25/09	05/01/09	Time Entry Wages	72.66	807.99
05/09/09	05/15/09	PTO_Absence Hourly	8	88.96
05/09/09	05/15/09	Time Entry Wages	67.37	749.16
05/23/09	05/29/09	Time Entry Wages	69.37	771.41
11/22/08	11/28/08	Previous Period Hours	4	36
11/22/08	11/28/08	Time Entry Wages	10.05	90.45
12/06/08	12/12/08	Time Entry Wages	18.17	163.53
12/20/08	12/26/08	Time Entry Wages	19.46	175.14
01/03/09	01/09/09	Overtime	4.1	55.35
01/03/09	01/09/09	Time Entry Wages	43.75	393.75
01/17/09	01/23/09	Time Entry Wages	23.85	214.65
01/31/09	02/06/09	Time Entry Wages	23.99	215.91
02/14/09	02/20/09	Time Entry Wages	22.63	203.67
02/28/09	03/06/09	Time Entry Wages	12.9	116.1
03/14/09	03/20/09	Time Entry Wages	5.27	47.43
04/11/09	04/17/09	Time Entry Wages	14.25	128.25
04/25/09	05/01/09	Time Entry Wages	14.25	128.25
05/09/09	05/15/09	Time Entry Wages	14.56	131.04
05/23/09	05/29/09	Time Entry Wages	7.43	66.87
11/24/07	11/30/07	Time Entry Wages	41.75	354.88
12/08/07	12/14/07	Time Entry Wages	30.15	256.28
12/22/07	12/28/07	Time Entry Wages	52.85	449.23
01/05/08	01/11/08	Time Entry Wages	50.67	430.7
01/19/08	01/25/08	Time Entry Wages	45.45	386.33
02/02/08	02/08/08	Time Entry Wages	31.7	269.45
02/16/08	02/22/08	Time Entry Wages	36.99	314.42
03/01/08	03/07/08	Time Entry Wages	45.1	394.86
03/15/08	03/21/08	Time Entry Wages	48.38	423.57
03/29/08	04/04/08	Time Entry Wages	40.1	351.08
04/12/08	04/18/08	Time Entry Wages	20.52	179.66
04/26/08	05/02/08	Time Entry Wages	22.87	200.23
05/10/08	05/16/08	Time Entry Wages	26.18	229.21
05/24/08	05/30/08	Time Entry Wages	16.8	147.09
06/07/08	06/13/08	Time Entry Wages	20.8	182.11
06/21/08	06/27/08	Time Entry Wages	29.13	255.04
07/05/08	07/11/08	Time Entry Wages	45.18	395.56
07/19/08	07/25/08	Time Entry Wages	43.49	380.78

Pay Details History

07/22/06	07/28/06	Time Entry Wages	73.5	673.12
08/05/06	08/11/06	PTO_Vacation Hourly	40	366.32
08/05/06	08/11/06	Time Entry Wages	35.75	327.4
08/19/06	08/25/06	Time Entry Wages	73	668.54
09/02/06	09/08/06	Overtime	1.75	24.05
09/02/06	09/08/06	Time Entry Wages	80	732.65
09/16/06	09/22/06	BEN_Holiday Hourly	8	88.07
09/16/06	09/22/06	Overtime	10.75	177.51
09/16/06	09/22/06	Time Entry Wages	74.5	820.1
09/30/06	10/06/06	Time Entry Wages	74	814.6
10/14/06	10/20/06	Time Entry Wages	73.75	811.84
10/28/06	11/03/06	PTO_Absence Hourly	8	88.07
10/28/06	11/03/06	Time Entry Wages	68.5	754.05
11/11/06	11/17/06	Overtime	3.25	53.67
11/11/06	11/17/06	Time Entry Wages	77.25	850.38
11/25/06	12/01/06	BEN_Holiday Hourly	8	88.07
11/25/06	12/01/06	Time Entry Wages	76.75	844.87
12/09/06	12/15/06	Time Entry Wages	72.5	798.08
12/23/06	12/29/06	Time Entry Wages	74.25	854.1
01/06/07	01/12/07	BEN_Holiday Hourly	16	184.05
01/06/07	01/12/07	Overtime	7.5	129.41
01/06/07	01/12/07	Time Entry Wages	59	678.68
01/20/07	01/26/07	PTO_Absence Hourly	8	92.03
01/20/07	01/26/07	Time Entry Wages	73.75	848.35
02/03/07	02/09/07	Time Entry Wages	76	874.24
02/17/07	02/23/07	PTO_Personal Holiday Hourly	6	69.02
02/17/07	02/23/07	Time Entry Wages	66.75	767.83
03/03/07	03/09/07	PTO_Vacation Hourly	38	437.12
03/03/07	03/09/07	Time Entry Wages	37.5	431.37
03/17/07	03/23/07	Time Entry Wages	61.25	704.56
03/31/07	04/06/07	PTO_Absence Hourly	8	92.03
03/31/07	04/06/07	Time Entry Wages	56.75	652.8
04/14/07	04/20/07	Time Entry Wages	67	770.71
04/28/07	05/04/07	Time Entry Wages	72.5	833.97
05/12/07	05/18/07	PTO_Absence Hourly	4	46.02
05/12/07	05/18/07	Time Entry Wages	68.75	790.84
05/26/07	06/01/07	Time Entry Wages	71.25	819.59

Pay Details History

06/09/07	06/15/07	BEN_Holiday Hourly	8	92.03
06/09/07	06/15/07	Overtime	7.5	129.42
06/09/07	06/15/07	Time Entry Wages	65.75	756.33
06/23/07	06/29/07	PTO_Personal Holiday Hourly	16	184.05
06/23/07	06/29/07	Time Entry Wages	57.25	658.55
07/07/07	07/13/07	BEN_Holiday Hourly	8	92.03
07/07/07	07/13/07	Overtime	6.5	112.16
07/07/07	07/13/07	Time Entry Wages	65	747.7
07/21/07	07/27/07	Time Entry Wages	75.25	865.61
08/04/07	08/10/07	Time Entry Wages	73.25	842.6
08/18/07	08/24/07	PTO_Vacation Hourly	40	460.12
08/18/07	08/24/07	Time Entry Wages	38.75	445.75
09/01/07	09/07/07	Time Entry Wages	73.5	845.48
09/15/07	09/21/07	BEN_Holiday Hourly	8	92.03
09/15/07	09/21/07	Time Entry Wages	71	816.72
09/29/07	10/05/07	PTO_Absence Hourly	6	69.02
09/29/07	10/05/07	Time Entry Wages	64	736.2
10/13/07	10/19/07	Time Entry Wages	68	782.21
10/27/07	11/02/07	Time Entry Wages	68.5	787.96
11/10/07	11/16/07	Time Entry Wages	71.5	822.47
11/24/07	11/30/07	BEN_Holiday Hourly	8	92.03
11/24/07	11/30/07	Time Entry Wages	71	816.72
12/08/07	12/14/07	PTO_Absence Hourly	8	92.03
12/08/07	12/14/07	Time Entry Wages	67.13	772.2
12/22/07	12/28/07	Time Entry Wages	72.42	833.05
01/05/08	01/11/08	BEN_Holiday Hourly	16	184.05
01/05/08	01/11/08	Overtime	7.33	126.48
01/05/08	01/11/08	PTO_Absence Hourly	8	92.03
01/05/08	01/11/08	Time Entry Wages	58.6	674.08
01/19/08	01/25/08	Time Entry Wages	68.28	785.44
02/02/08	02/08/08	Time Entry Wages	65.52	753.68
02/16/08	02/22/08	PTO_Vacation Hourly	40	460.12
02/16/08	02/22/08	Time Entry Wages	33.1	380.75
03/01/08	03/07/08	PTO_Absence Hourly	8	92.03
03/01/08	03/07/08	PTO_Vacation Hourly	8	92.03
03/01/08	03/07/08	Time Entry Wages	54.19	623.35
03/15/08	03/21/08	Time Entry Wages	69.2	796.01

Pay Details History

03/29/08	04/04/08	PTO_Absence Hourly	12	138.04
03/29/08	04/04/08	Time Entry Wages	62.05	713.77
04/12/08	04/18/08	Time Entry Wages	66.03	759.55
04/26/08	05/02/08	Time Entry Wages	70.93	815.92
05/10/08	05/16/08	PTO_Absence Hourly	8	92.03
05/10/08	05/16/08	Time Entry Wages	64.26	739.19
05/24/08	05/30/08	Time Entry Wages	65.6	754.6
06/07/08	06/13/08	BEN_Holiday Hourly	8	92.03
06/07/08	06/13/08	Overtime	7.4	127.69
06/07/08	06/13/08	Time Entry Wages	62.75	721.82
06/21/08	06/27/08	Time Entry Wages	72.07	829.03
07/05/08	07/11/08	BEN_Holiday Hourly	8	92.03
07/05/08	07/11/08	Overtime	8.38	144.6
07/05/08	07/11/08	Time Entry Wages	67.82	780.14
07/19/08	07/25/08	PTO_Absence Hourly	8	92.03
07/19/08	07/25/08	Time Entry Wages	65.76	756.45
08/02/08	08/08/08	Time Entry Wages	72.77	837.08
08/16/08	08/22/08	PTO_Personal Holiday Hourly	16	184.05
08/16/08	08/22/08	PTO_Vacation Hourly	40	460.12
08/16/08	08/22/08	Time Entry Wages	21.72	249.85
08/30/08	09/05/08	Time Entry Wages	73.37	843.99
09/13/08	09/19/08	BEN_Holiday Hourly	8	92.03
09/13/08	09/19/08	Overtime	4.45	76.79
09/13/08	09/19/08	PTO_Absence Hourly	8	92.03
09/13/08	09/19/08	Time Entry Wages	58.83	676.73
09/27/08	10/03/08	Time Entry Wages	60.94	701.01
10/11/08	10/17/08	Time Entry Wages	70.32	808.91
10/25/08	10/31/08	Time Entry Wages	69.55	800.05
11/08/08	11/14/08	PTO_Absence Hourly	6	69.02
11/08/08	11/14/08	Time Entry Wages	59.91	689.16
11/22/08	11/28/08	Time Entry Wages	68.95	801.07
12/06/08	12/12/08	BEN_Holiday Hourly	8	92.95
12/06/08	12/12/08	Time Entry Wages	71.13	826.4
12/20/08	12/26/08	Time Entry Wages	58.63	681.17
01/03/09	01/09/09	BEN_Holiday Hourly	16	185.9
01/03/09	01/09/09	Overtime	6.43	112.06
01/03/09	01/09/09	Time Entry Wages	55.71	647.25

Pay Details History



01/17/09	01/23/09	Time Entry Wages	72.42	841.39
01/31/09	02/06/09	Time Entry Wages	69.31	805.25
02/14/09	02/20/09	Time Entry Wages	62.93	731.13
02/28/09	03/06/09	PTO_Vacation Hourly	40	464.73
02/28/09	03/06/09	Time Entry Wages	28.85	335.18
03/14/09	03/20/09	Time Entry Wages	69.87	811.76
03/28/09	04/03/09	Time Entry Wages	68.77	796.98
04/11/09	04/17/09	Time Entry Wages	72.43	841.51
04/25/09	05/01/09	PTO_Absence Hourly	8	92.95
04/25/09	05/01/09	PTO_Vacation Hourly	8	92.95
04/25/09	05/01/09	Time Entry Wages	62.38	724.74
05/09/09	05/15/09	PTO_Absence Hourly	12	139.42
05/09/09	05/15/09	Time Entry Wages	62.91	730.9
05/23/09	05/29/09	Time Entry Wages	70.2	815.6

#11

Rewards Elements History

Name	Emp Nbr	Element Name	Entry Value	Start Date	Entry Value	End Date
		Blue Crew Bucks Award OT	42	04/13/08	42	04/26/08
		Blue Crew Bucks Award	33.34	04/13/08	33.34	04/26/08
		United Way One Time	1	12/21/08	1	01/03/09
		Retroactive Pay	3.73	02/10/08	3.73	02/23/08
		Retroactive Pay	9.62	02/17/08	9.62	03/01/08
		Vision Pretax	3.3	06/01/03	3.3	03/31/04
		Dental Pretax	3.8	06/01/03	3.8	03/31/04
		Medical Pretax	41.23	06/01/03	41.23	03/31/04
		PI Bonus_CR12	355.67	12/28/03	355.67	01/10/04
		Retail Referral Bonus	100	03/07/04	100	03/20/04
		US Opt Term Life Aftertax	.53	04/01/04	.53	12/12/04
		US Opt ADD Aftertax	.18	04/01/04	.18	03/31/05
		US Vision Pretax	3.3	04/01/04	3.3	03/31/05
		US Dental Pretax	4.17	04/01/04	4.17	03/31/05
		US Medical Pretax	49.28	04/01/04	49.28	03/31/05
		PI Bonus 2	1.82	10/03/04	1.82	10/16/04
		PI Bonus_CR12	365.66	10/03/04	365.66	10/16/04
		US Opt Term Life Aftertax	.61	12/13/04	.61	03/31/05
		US Opt ADD Aftertax	.18	04/01/05	.18	11/12/05
		US Opt Term Life Aftertax	.61	04/01/05	.61	11/12/05
		US Vision Pretax	3.78	04/01/05	3.78	03/31/06
		US Dental Pretax	4.17	04/01/05	4.17	03/31/06
		US Medical Pretax	49.28	04/01/05	49.28	03/31/06
		PI Bonus 2	1.35	08/07/05	1.35	08/20/05
		PI Bonus_CR12	178.93	08/07/05	178.93	08/20/05
		US Opt ADD Aftertax	.18	11/13/05	.18	03/31/06
		US Opt Term Life Aftertax	.65	11/13/05	.65	03/31/06
		BEN_OPT AD_D	.18	04/01/06	.18	09/02/06
		BEN_OPT Life	.65	04/01/06	.65	09/02/06
		BEN_Vision	3.78	04/01/06	3.78	09/30/06
		BEN_Dental	4.29	04/01/06	4.29	09/30/06
		BEN_Medical	49.28	04/01/06	49.28	09/30/06
		BEN_OPT AD_D	.22	09/03/06	.22	09/30/06
		BEN_OPT Life	.78	09/03/06	.78	09/30/06

Rewards Elements History

BEN_OPT AD_D	10/01/06	11/11/06	.22
BEN_OPT Life	10/01/06	11/11/06	.78
BEN_Vision	10/01/06	03/31/07	3.78
BEN_Dental	10/01/06	03/31/07	4.29
BEN_Medical	10/01/06	03/31/07	49.28
BEN_OPT AD_D	11/12/06	12/31/06	.23
BEN_OPT Life	11/12/06	12/31/06	.81
Retroactive Pay	12/10/06	12/23/06	77.46
BEN_OPT Life	01/01/07	03/31/08	.78
BEN_OPT AD_D	01/01/07	11/08/08	.22
BEN_Vision	04/01/07	03/31/08	3.8
BEN_Dental	04/01/07	03/31/08	4.3
BEN_Medical	04/01/07	03/31/08	54
BEN_OPT Life	04/01/08	11/08/08	.63
BEN_Dental	04/01/08	03/31/09	4.42
BEN_Medical	04/01/08	03/31/09	55.03
BEN_Vision	04/01/08	12/31/12	3.23
Blue Crew Bucks Award OT	04/13/08	04/26/08	3.84
Blue Crew Bucks Award	04/13/08	04/26/08	600
Blue Crew Bucks Award OT	04/27/08	05/10/08	2.56
Blue Crew Bucks Award	04/27/08	05/10/08	400
Blue Crew Bucks Award OT_Adj	05/25/08	06/07/08	2.56
BEN_OPT AD_D	11/09/08	12/31/12	.23
BEN_OPT Life	11/09/08	12/31/12	.65
BEN_OPT AD_D_Adj	11/23/08	12/06/08	.01
BEN_OPT Life_Adj	11/23/08	12/06/08	.02
Blue Crew Bucks Award OT	12/21/08	01/03/09	1.16
Blue Crew Bucks Award	12/21/08	01/03/09	200
BEN_Dental	04/01/09	12/31/12	4.6
BEN_Medical	04/01/09	12/31/12	44.39

#6



New York State Department of
TAXATION AND FINANCE
Office of Budget and Management Analysis
Disclosure and Government Exchange
W.A. Harriman Campus
Building 8, Room 700
Albany, NY 12227

July 8, 2009

Ms. Jennifer F. Martin
Best Buy
7601 Penn Avenue
South Richfield, MN 55423-3645

Re: Best Buy
SSN/EIN: [REDACTED]

Dear Ms. Martin:

In response to your request for tax information regarding the above-referenced taxpayer, the following is provided:

This is to certify that a search was made by an employee familiar with tax warrants for failure to remit personal income tax withholdings under the above referenced name and identification number and that none were found.

To cover the cost of processing your request, please return a copy of this letter and a check or money order made payable to the "Commissioner of Taxation and Finance" in the amount of \$0.00 to the above address.

If you have any questions, I can be reached at (518) 485-8594.

Sincerely,

Copy

Timothy Forbes
Tax Technician II

TF:ch

Doc #7



New York State Department of Labor
David A. Paterson, Governor
M. Patricia Smith, Commissioner

RELEASE FORM - DISCLOSURE INFORMATION



New York State Department of Labor
David A. Paterson, Governor
M. Patricia Smith, Commissioner

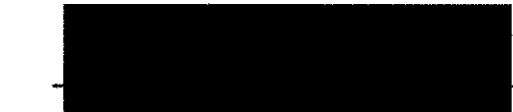
Pursuant to the request, initiated by Best Buy Co. Inc / Best Buy LLC
(Please print/legal name of EMPLOYER)

to pay its manual workers on a biweekly or semimonthly basis,

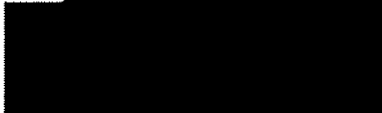
I, Charles Montrewil
(Please print NAME of responsible officer signing release form)

VP Rewards and Corporate HR
(Please print TITLE of responsible officer signing release form)

hereby authorize the Division of Unemployment Insurance to disclose to the Division of Labor Standards its record, if any, of said employer's Unemployment Insurance tax liabilities.



Federal Employer Identification Number (FEIN)



LL BBY NY locations except Nichols D.C.
Unemployment Insurance Employer Registration Number (ER#)

Nichols Distribution Center



(Signature)

Signature

6-10-09

Date

Doc #3

DC

Loc Description	Per Emp Nbr COUNT	Loc State
US-982781-Nichols Dc	196	NY

No Data for DDC

Doc #4

District and Territory office

Loc Description	Per Emp Nbr COUNT	Loc State
US-901044-Retail District 44	14	NY
US-901048-Retail District 48	8	NY
US-901054-Retail District 54	16	NY
US-901058-Retail District 58	19	NY
US-902038-Retail Region 38 - TER 08	43	NY

**Communications
Workers of America**
AFL-CIO, DISTRICT 1

3719 Union Road, Suite 122
Buffalo, NY 14225
716-685-5015
Fax: 716-685-2434

Morton Bahr
President

Lawrence Mancino
Vice President
District 1



JEREMIAH J. HAYES
Area Director
Upstate New York/New England

**RECEIVED
DEPARTMENT OF LABOR
BUFFALO, NY**

DEC 1 2000

DIVISION OF LABOR STANDARDS

November 30, 2000

Department of Labor
Labor Standards Division
65 Court Street
Buffalo, New York 14202

To Whom it May Concern;

I have a number of questions regarding International Business Machines (IBM) request for, and the Department of Labor's (herein referred to as "the Department") ultimate granting of, an exemption from the New York State requirement for factory/manufacturing workers to be paid on a weekly basis.

- 1) What is the criterion used by the Department to determine whether an applicant for exemption (e.g., IBM) will be granted such?
- 2) What is the process to issue exemptions?
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Pursuant to the Freedom of Information Act, I hereby request copies of any and all correspondence, memoranda, meeting and telephone notes, e-mails, etc. between IBM and the Department regarding the exemption request and any and all materials related to the exemption prior to, and subsequent to the exemption being granted. I also request any and all correspondence, memoranda, meeting and telephone notes, e-mails, etc., among Department employees, regarding the request for exemption and any and all other materials related to the exemption prior to, and subsequent to the exemption being granted.

Page 2
November 30, 2000

I understand that I may be held responsible for reasonable expenses related to producing this information. If those expenses will exceed \$50.00, please contact me before proceeding.

I look forward to your timely reply. Thank you.

Sincerely,



Jeff S. Lacher
CWA Organizing Coordinator

JSL:ph
OPEIU 153, afl-cio



STATE OF NEW YORK
DEPARTMENT OF LABOR
DIVISION OF LABOR STANDARDS
GOVERNOR W. AVERELL HARRIMAN
STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240

December 12, 2000

TELEFAX TRANSMITTAL FORM

PLEASE DELIVER TO: Ellen Davidow

FROM: Jack L. Mrozak

OFFICE: Labor Standards, Room 532
PHONE: (518) 457-4256
FAX: (518) 457-7997

RE: CWA
Jeff S. Lacher

☞ Please call me in regard to the FOIL request-IBM

12/12/00 - 1203 w/Davidow

NUMBER OF PAGES BEING TRANSMITTED 21 (including coversheet)

This facsimile transmission may contain confidential or privileged information that is intended only for use by the individual or entity to which the transmission is addressed. If you are not the intended recipient, you are hereby notified that any disclosure, dissemination, copying or distribution of this transmission is strictly prohibited. If you have received this transmission in error, please notify us by telephone immediately so that we can arrange for the return of the documents to us at no cost to you.



STATE OF NEW YORK
DEPARTMENT OF LABOR
GOVERNOR W. AVERELL HARRIMAN
STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240

THOMAS F. HARTNETT
COMMISSIONER OF LABOR

August 14, 1989

Mr. Michael Faillace
Office of the Vice President and
General Counsel
International Business Machines Corp.
Old Orchard Road
Armonk, New York 10504

Dear Mr. Faillace:

I am in receipt of your recent correspondence with appropriate attachments on behalf of International Business Machines Corporation (IBM) requesting authorization to pay its manual worker employees in New York State on a semi-monthly basis pursuant to New York State Labor Law Section 191.1a (ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that IBM has satisfied all the conditions enumerated in the Statute. The firm has employed 1000 or more persons in the State for the three years preceding its application, has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a (ii).

Therefore, I hereby grant authorization for IBM to pay wages to its manual workers employed in New York State on a semi-monthly payroll basis.

Sincerely,

Thomas F. Hartnett

TFH:RJP:mac

bcc: Comr. Gutowski
Comr. O'Connell
Comr. Deinhardt
Ms. Colavito
Mr. Polsinello ✓

RECEIVED
DEPARTMENT OF LABOR
DIVISION OF LABOR STANDARDS
ALBANY, NY 12240
AUG 14 1989

DIRECTOR'S OFFICE

International Business Machines Corporation

RECEIVED
Office of the Commissioner of Labor
Albany, N.Y.

JUL 10 1989

Albany, New York 12241

Office of the Vice President
and General Counsel

THOMAS HARNETT
COMMISSIONER OF LABOR

July 7, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, NY 12240

Dear Commissioner:

Thank you for your valuable support in the successful effort to amend New York Labor Law §191.1(a)(ii). IBM would now like to request that your office authorize the company to pay its manual workers in New York State their regular and overtime wages on a semi-monthly basis pursuant to the amended section.

The amendment specifies five conditions that a company must meet in order to qualify for the authorization. As this letter and the attached documents demonstrate, IBM has met all five. As the largest private employer in New York State, IBM has employed more than 1,000 persons in New York State in each of the last three years. Secondly, IBM has an exemplary history of meeting its payroll responsibilities. Third, IBM has full coverage for worker's compensation and disability. Our policy is with Liberty Mutual, policy number WC2-6Z1-004158-158. Fourth, There are no outstanding warrants of the Department of Taxation and Finance or the Department of Labor against IBM for failure to remit state personal income tax withholdings or unemployment insurance contributions. Finally, as a leader in computer technology, IBM has an advanced computerized record keeping system for payroll which specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee.

To assist your office, I am including letters from the managers of IBM's three payroll locations servicing New York State employees. These letters certify that IBM has paid its New York employees in a timely manner, and that the payroll systems meet the statute's requirements for such systems. These letters also provide the number of employees that each payroll is responsible for. In addition, I am enclosing letters from the Departments of Labor and Taxation stating that there are no warrants out against IBM. Finally, enclosed are copies of IBM's annual report to shareholders for the last three years detailing the company's expenses in the areas of compensation and benefits for its

Mr. Thomas F. Harnett
July 7, 1989
Page 2

employees (see pages 23, 25, and 35, respectively, in the reports for 1986-88). The reports illustrate IBM's financial security and should serve as ample assurance of our ability to pay our New York State manual workers, as well as the rest of our employees, in a timely and responsible manner.

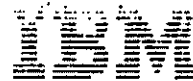
Please feel free to contact me if I can be of further assistance. Thank you very much for your consideration.

Sincerely yours,



Michael A. Faillace

MAF:dh
Attachments



89186PKH0049

International Business Machines Corporation

P.O. Box 950
Poughkeepsie, N. Y. 12802

914-293-2708
856/915-1

July 5, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, NY 12240

Dear Commissioner:

I have been the manager of Site Accounting at Poughkeepsie for the last five years. We are responsible for the compensation of 42,405 employees located in New York State. To the best of my knowledge, IBM has a fine history of meeting its payroll responsibilities. I can also certify that our payroll is handled by a computer system that specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee.

Sincerely yours,

C. D. Davis, Jr.
C. D. Davis, Jr.
Manager, Site Accounting

CDD:bl

Dorothy Braggi
DOROTHY BRIGGI
Notary Public State of New York
No. 60-4609731
Qualified in Westchester County
Commission Expires March 30, 1991

International Business Machines Corporation

520 White Plains Road
Tarrytown, N.Y. 10591
914-765-1900

June 28, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, NY 12240

Dear Commissioner:

I have been the manager of U.S. Compensation Accounting for the last four (4) years. We are responsible for the compensation of 18,140 employees located in New York State.

To the best of my knowledge, IBM has a fine history of meeting its payroll responsibilities. I can also certify that our payroll is handled by a computer system that specifies hours worked, rate of pay, gross wages, deductions, and date of pay for each employee.

Sincerely yours,



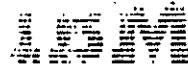
A. Leo Creamer
Manager
IBM U.S. Compensation Accounting

ALC/td



KAREN A. RAHL
Notary Public, State of New York
No. 4919294
Qualified in Rockland County
Term Expires 02-22-90

June 28, 1989



01 : 11 63 400 6

International Business Machines Corporation

18100 Frederick Pike
Gaithersburg, Md. 20879

June 28, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, N.Y. 12240

Dear Commissioner:

I have been the manager of Gaithersburg Accounting Control for the last 3 years. We are responsible for the compensation of 4,581 employees located in New York State. To the best of my knowledge, IBM has a fine history of meeting its payroll responsibilities. I can also certify that our payroll is handled by a computer system that specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee.

Sincerely,

A. Linthicum

James C. Edworthy
Notary Public
State of Maryland
County of Montgomery
Commission expires July 1, 1991



UNEMPLOYMENT INSURANCE DIVISION

STATE OF NEW YORK
DEPARTMENT OF LABOR
GOVERNOR W. AVERELL HARRIMAN
STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240

AREA CODE 518 456-1839

1-800-456-1015

25 16 17 1989

June 12, 1989

Mr. Michael Failace
IBM Corp. Headquarters
Old Orchard Rd.
Armont, NY 10504

In reply refer to:
Central Assignment &
Central Section

Re: International Business Machines Corp.

Dear Mr. Failace:

Pursuant to your telephone call of recent date, our records do not indicate any outstanding warrants as of this date.

HJG:eg
cc: J. Pingleton

Very truly yours,

Henry J. Gorko
Henry J. Gorko
Head Account Clerk



New York State Department of
TAXATION and FINANCE

Processing and Revenue Management Division
W. A. Harriman Campus
Albany, New York 12227


01 11 60 AM '89

June 23, 1989

- Mr. Michael A. Faillace
IBM Corporation
Old Orchard Road
Armonk, New York 10504

Dear Mr. Faillace:

This is in reply to your letter of June 9, 1989.

This will serve to confirm that there are no outstanding warrants for the
New York State Withholding Tax account of IBM Benefits Plan Trust, 

Ann-Marie Rutkowski

Ann-Marie Rutkowski
Chief Clerk
Withholding Tax Unit

AMR/vjw

**Communications
Workers of America**
AFL-CIO, DISTRICT 1

3719 Union Road, Suite 122
Buffalo, NY 14225
716-685-5015
Fax: 716-685-2434

Morton Bahr
President

Lawrence Mancino
Vice President
District 1



JEREMIAH J. HAYES
Area Director
Upstate New York/New England

RECEIVED
DEPARTMENT OF LABOR
BUFFALO, NY
DEC 1 2000

DIVISION OF LABOR STANDARDS

November 30, 2000

Department of Labor
Labor Standards Division
65 Court Street
Buffalo, New York 14202

To Whom it May Concern;

I have a number of questions regarding International Business Machines (IBM) request for, and the Department of Labor's (herein referred to as "the Department") ultimate granting of, an exemption from the New York State requirement for factory/manufacturing workers to be paid on a weekly basis.

- 1) What is the criterion used by the Department to determine whether an applicant for exemption (e.g., IBM) will be granted such?
- 2) What is the process to issue exemptions?
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Pursuant to the Freedom of Information Act, I hereby request copies of any and all correspondence, memoranda, meeting and telephone notes, e-mails, etc. between IBM and the Department regarding the exemption request and any and all materials related to the exemption prior to, and subsequent to the exemption being granted. I also request any and all correspondence, memoranda, meeting and telephone notes, e-mails, etc., among Department employees, regarding the request for exemption and any and all other materials related to the exemption prior to, and subsequent to the exemption being granted.

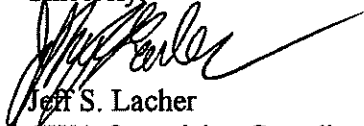
Page 2

November 30, 2000

I understand that I may be held responsible for reasonable expenses related to producing this information. If those expenses will exceed \$50.00, please contact me before proceeding.

I look forward to your timely reply. Thank you.

Sincerely,



Jeff S. Lacher

CWA Organizing Coordinator

JSL:ph

OPEIU 153, aff-cio

**Communications
Workers of America**

AFL-CIO

3719 Union Road, Suite 122
Buffalo, NY 14225



Department of Labor
Labor Standards Division
65 Court Street
Buffalo, New York 14202



FL-22-0355 0174

14202-3475 14

**Communications
Workers of America**
AFL-CIO, DISTRICT 1

3719 Union Road, Suite 122
Buffalo, NY 14225
716-685-5015
Fax: 716-685-2434

Morton Bahr
President

Lawrence Mancino
Vice President
District 1



JEREMIAH J. HAYES
Area Director
Upstate New York/New England

RECEIVED
DEPARTMENT OF LABOR
BUFFALO, NY
DEC 1 2000
DIVISION OF LABOR STANDARDS

November 30, 2000

Department of Labor
Labor Standards Division
65 Court Street
Buffalo, New York 14202

To Whom it May Concern;

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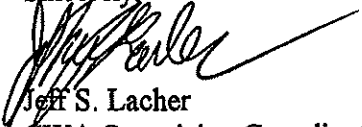
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Page 2
November 30, 2000

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Sincerely,



Jeff S. Lacher
CWA Organizing Coordinator

JSL:ph
OPERU 153, afl-cio

**Communications
Workers of America**
AFL-CIO, DISTRICT 1

3719 Union Road, Suite 122
Buffalo, NY 14225
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Fax: 716-685-2434

Morton Bahr
President

Lawrence Mancino
Vice President
District 1



JEREMIAH J. HAYES
Area Director
Upstate New York/New England

RECEIVED
DEPARTMENT OF LABOR
BUFFALO, NY
DEC 1 2000

DIVISION OF LABOR STANDARDS

November 30, 2000

Department of Labor
Labor Standards Division
65 Court Street
Buffalo, New York 14202

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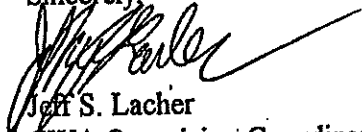
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November 30, 2000

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Sincerely,



Jeff S. Lacher
CWA Organizing Coordinator

JSL:ph
OPEIU 153, afl-cio



STATE OF NEW YORK
DEPARTMENT OF LABOR
GOVERNOR W. AVERELL HARRIMAN
STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240

THOMAS F. HARTNETT
COMMISSIONER OF LABOR

August 14, 1989

Mr. Michael Faillace
Office of the Vice President and
General Counsel
International Business Machines Corp.
Old Orchard Road
Armonk, New York 10504

Dear Mr. Faillace:

I am in receipt of your recent correspondence with appropriate attachments on behalf of International Business Machines Corporation (IBM) requesting authorization to pay its manual worker employees in New York State on a semi-monthly basis pursuant to New York State Labor Law Section 191.1a (ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that IBM has satisfied all the conditions enumerated in the Statute. The firm has employed 1000 or more persons in the State for the three years preceding its application, has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a (ii).

Therefore, I hereby grant authorization for IBM to pay wages to its manual workers employed in New York State on a semi-monthly payroll basis.

Sincerely,

Thomas F. Hartnett

TFH:RJP:mac

bcc: Comr. Gutowski
Comr. O'Connell
Comr. Deinhardt
Ms. Colavito
Mr. Polsinello ✓

RECEIVED
DEPARTMENT OF LABOR
DIVISION OF LABOR STANDARDS
ALBANY, NY 12240
AUG 14 1989

DIRECTOR'S OFFICE

International Business Machines Corporation

RECEIVED
Office of the Commissioner of Labor
Albany, N.Y.

JUL 10 1989

Albany, New York 12241

Office of the Vice President
and General Counsel

THOMAS HARNETT
COMMISSIONER OF LABOR

July 7, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, NY 12240

Dear Commissioner:

Thank you for your valuable support in the successful effort to amend New York Labor Law §191.1(a)(ii). IBM would now like to request that your office authorize the company to pay its manual workers in New York State their regular and overtime wages on a semi-monthly basis pursuant to the amended section.

The amendment specifies five conditions that a company must meet in order to qualify for the authorization. As this letter and the attached documents demonstrate, IBM has met all five. As the largest private employer in New York State, IBM has employed more than 1,000 persons in New York State in each of the last three years. Secondly, IBM has an exemplary history of meeting its payroll responsibilities. Third, IBM has full coverage for worker's compensation and disability. Our policy is with Liberty Mutual, policy number [REDACTED]. Fourth, There are no outstanding warrants of the Department of Taxation and Finance or the Department of Labor against IBM for failure to remit state personal income tax withholdings or unemployment insurance contributions. Finally, as a leader in computer technology, IBM has an advanced computerized record keeping system for payroll which specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee.

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Mr. Thomas F. Harnett

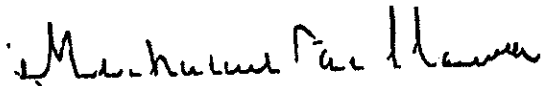
July 7, 1989

Page 2

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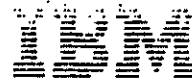
Please feel free to contact me if I can be of further assistance. Thank you very much for your consideration.

Sincerely yours,



Michael A. Faillace

MAF:dh
Attachments



89186PKH0049

International Business Machines Corporation

P.O. Box 950
Poughkeepsie, N. Y. 12602

914-293-2708
856/915-1

July 5, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, NY 12240

Dear Commissioner:

I have been the manager of Site Accounting at Poughkeepsie for the last five years. We are responsible for the compensation of 42,405 employees located in New York State. To the best of my knowledge, IBM has a fine history of meeting its payroll responsibilities. I can also certify that our payroll is handled by a computer system that specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee.

Sincerely yours,

C. D. Davis, Jr.
C. D. Davis, Jr.
Manager, Site Accounting

CDD:b1

Dorothy Braggi
DOROTHY BRAGGI
Notary Public State of New York
No. 60-4609731
Qualified in Westchester County
Commission Expires March 30, 1991

International Business Machines Corporation

520 White Plains Road
Tarrytown, N.Y. 10591
914-765-1900

June 28, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, NY 12240

Dear Commissioner:

I have been the manager of U.S. Compensation Accounting for the last four (4) years. We are responsible for the compensation of 18,140 employees located in New York State.

To the best of my knowledge, IBM has a fine history of meeting its payroll responsibilities. I can also certify that our payroll is handled by a computer system that specifies hours worked, rate of pay, gross wages, deductions, and date of pay for each employee.

Sincerely yours,



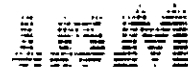
A. Leo Creamer
Manager
IBM U.S. Compensation Accounting

ALC/td



KAREN A. RAHL
Notary Public, State of New York
No. 4919294
Qualified in Rockland County
Term Expires 02-22-90

June 28, 1989



01 :11 69 NOV 4

International Business Machines Corporation

18100 Frederick Pike
Gaithersburg, Md. 20879

June 28, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, N.Y. 12240

Dear Commissioner:

I have been the manager of Gaithersburg Accounting Control for the last 3 years. We are responsible for the compensation of 4,581 employees located in New York State. To the best of my knowledge, IBM has a fine history of meeting its payroll responsibilities. I can also certify that our payroll is handled by a computer system that specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee.

Sincerely,

A. Linthicum

James C. Eworthy
Notary Public
State of Maryland
County of Montgomery
Commission expires July 1, 1991



New York State Department of
TAXATION and FINANCE
Processing and Revenue Management Division
W. A. Harriman Campus
Albany, New York 12227

01 311 69 437 3

June 23, 1989

- Mr. Michael A. Faillace
IBM Corporation
Old Orchard Road
Armonk, New York 10504

Dear Mr. Faillace:

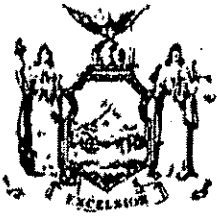
This is in reply to your letter of June 9, 1989.

This will serve to confirm that there are no outstanding warrants for the
New York State Withholding Tax account of IBM Benefits Plan Trust, EIN [REDACTED]

Ann-Marie Rutkowski

Ann-Marie Rutkowski
Chief Clerk
Withholding Tax Unit

AMR/vjw



UNEMPLOYMENT INSURANCE DIVISION

STATE OF NEW YORK
DEPARTMENT OF LABOR
GOVERNOR W. AVERELL HARRIMAN
STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240

AREA CODE 518 456-1015

1-800-456-1015

25 : 6 19 89

June 12, 1989

Mr. Michael Failace
IBM Corp. Headquarters
Old Orchard Rd.
Armont, NY 10504

In reply refer to:
Central Assignment &
Control Section
[REDACTED]

Re: International Business Machines Corp.

Dear Mr. Failace:

Pursuant to your telephone call of recent date, our records do not indicate any outstanding warrants as of this date.

HJG:eg
cc: J. Pingleton

Very truly yours,

Henry J. Gorko
Henry J. Gorko
Head Account Clerk

International Business Machines Corporation

Office of the Vice President
and General Counsel

Armonk, New York 10504

July 19, 1989

Richard Polsinello
Director of Labor Standards Division
Department of Labor
Building 12, State Campus
Albany, New York, 12240

Dear Mr. Polsinello:

This letter is in regards to IBM's July 7 request that your office authorize the company to pay its manual workers on a semi-monthly basis. §191.1(a)(ii) of the New York Labor Law stipulates that the labor organization representing an employer's manual workers must consent to a semi-monthly payroll for their members. IBM's manual workers are not represented by a labor organization, therefore the above section of the labor law should not apply to our request.

Once again, thank you very much for your consideration and prompt handling of this matter.

Sincerely yours,



Michael A. Faillace

MAF:dh

RECEIVED
DEPARTMENT OF LABOR
DIVISION OF LABOR STANDARDS
ALBANY, NY 12240
JUL 21 1989

DIRECTOR'S OFFICE

RECEIVED

Office of the Commissioner of Labor
Albany, N.Y.

JUL 10 1989

Albany, New York 12244

Office of the Vice President
and General Counsel

THOMAS HARNETT
COMMISSIONER OF LABOR

July 7, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, NY 12240

Dear Commissioner:

Thank you for your valuable support in the successful effort to amend New York Labor Law §191.1(a)(ii). IBM would now like to request that your office authorize the company to pay its manual workers in New York State their regular and overtime wages on a semi-monthly basis pursuant to the amended section.

The amendment specifies five conditions that a company must meet in order to qualify for the authorization. As this letter and the attached documents demonstrate, IBM has met all five. As the largest private employer in New York State, IBM has employed more than 1,000 persons in New York State in each of the last three years. Secondly, IBM has an exemplary history of meeting its payroll responsibilities. Third, IBM has full coverage for worker's compensation and disability. Our policy is with Liberty Mutual, policy number WC2-6Z1-004158-158. Fourth, There are no outstanding warrants of the Department of Taxation and Finance or the Department of Labor against IBM for failure to remit state personal income tax withholdings or unemployment insurance contributions. Finally, as a leader in computer technology, IBM has an advanced computerized record keeping system for payroll which specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee.


To assist your office, I am including letters from the managers of IBM's three payroll locations servicing New York State employees. These letters certify that IBM has paid its New York employees in a timely manner, and that the payroll systems meet the statute's requirements for such systems. These letters also provide the number of employees that each payroll is responsible for. In addition, I am enclosing letters from the Departments of Labor and Taxation stating that there are no warrants out against IBM. Finally, enclosed are copies of IBM's annual report to shareholders for the last three years detailing the company's expenses in the areas of compensation and benefits for its

Mr. Thomas F. Harnett
July 7, 1989
Page 2

employees (see pages 23, 25, and 35, respectively, in the reports for 1986-88). The reports illustrate IBM's financial security and should serve as ample assurance of our ability to pay our New York State manual workers, as well as the rest of our employees, in a timely and responsible manner.

Please feel free to contact me if I can be of further assistance. Thank you very much for your consideration.

Sincerely yours,



Michael A. Faillace

MAF:dh
Attachments

89186PKH0049

International Business Machines Corporation

P.O. Box 950
Poughkeepsie, N. Y. 12602

914-293-2708
856/915-1

July 5, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, NY 12240

Dear Commissioner:

I have been the manager of Site Accounting at Poughkeepsie for the last five years. We are responsible for the compensation of 42,405 employees located in New York State. To the best of my knowledge, IBM has a fine history of meeting its payroll responsibilities. I can also certify that our payroll is handled by a computer system that specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee.

Sincerely yours,

C. D. Davis, Jr.
C. D. Davis, Jr.
Manager, Site Accounting

CDD:b1

Dorothy Braggi
DOROTHY BRIGGI
Notary Public State of New York
No. 60-4609731
Qualified in Westchester County
Commission Expires March 30, 1991

International Business Machines Corporation

520 White Plains Road
Tarrytown, N.Y. 10591
914-765-1900

June 28, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, NY 12240

Dear Commissioner:

I have been the manager of U.S. Compensation Accounting for the last four (4) years. We are responsible for the compensation of 18,140 employees located in New York State.

To the best of my knowledge, IBM has a fine history of meeting its payroll responsibilities. I can also certify that our payroll is handled by a computer system that specifies hours worked, rate of pay, gross wages, deductions, and date of pay for each employee.

Sincerely yours,



A. Leo Creamer
Manager
IBM U.S. Compensation Accounting

ALC/td



KAREN A. RAHL
Notary Public, State of New York
No. 4819294
Qualified in Rockland County
Term Expires 02-22-90

June 28, 1989

International Business Machines Corporation

18100 Frederick Pike
Gaithersburg, Md. 20879

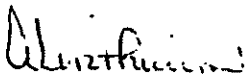
June 28, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, N.Y. 12240

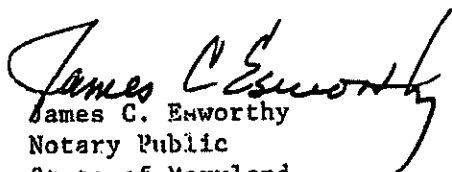
Dear Commissioner:

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Sincerely,



A. Linthicum



James C. Eworthy
Notary Public
State of Maryland
County of Montgomery
Commission expires July 1, 1991



New York State Department of
TAXATION and FINANCE

Processing and Revenue Management Division
W. A. Harriman Campus
Albany, New York 12227

6/23/89

June 23, 1989

- Mr. Michael A. Faillace
IBM Corporation
Old Orchard Road
Armonk, New York 10504

Dear Mr. Faillace:

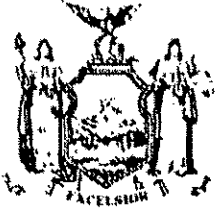
This is in reply to your letter of June 9, 1989.

This will serve to confirm that there are no outstanding warrants for the
New York State Withholding Tax account of IBM Benefits Plan Trust, [REDACTED]

Ann-Marie Rutkowski

Ann-Marie Rutkowski
Chief Clerk
Withholding Tax Unit

AMR/vjw



UNEMPLOYMENT INSURANCE DIVISION

STATE OF NEW YORK
DEPARTMENT OF LABOR
GOVERNOR W. AVERELL HARRIMAN
STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240

AREA CODE 518-456-1015

1-800-456-1015

June 12, 1989

Mr. Michael Failace
IBM Corp. Headquarters
Old Orchard Rd.
Armont, NY 10504

In reply refer to:
Central Assignment &
Control Section
[REDACTED]

Re: International Business Machines Corp.

Dear Mr. Failace:

Pursuant to your telephone call of recent date, our records do not indicate any outstanding warrants as of this date.

HJG:eg
cc: J. Pingleton

Very truly yours,

Henry J. Gorko
Henry J. Gorko
Head Account Clerk

International Business Machines Corporation

Office of the Vice President
and General Counsel

Armonk New York 10504

July 19, 1989

Richard Polsinello
Director of Labor Standards Division
Department of Labor
Building 12, State Campus
Albany, New York, 12240

Dear Mr. Polsinello:

This letter is in regards to IBM's July 7 request that your office authorize the company to pay its manual workers on a semi-monthly basis. §191.1(a)(ii) of the New York Labor Law stipulates that the labor organization representing an employer's manual workers must consent to a semi-monthly payroll for their members. IBM's manual workers are not represented by a labor organization, therefore the above section of the labor law should not apply to our request.

Once again, thank you very much for your consideration and prompt handling of this matter.

Sincerely yours,



Michael A. Faillace

MAF:dh

RECEIVED
DEPARTMENT OF LABOR
DIVISION OF LABOR STANDARDS
ALBANY, NY 12240
JUL 21 1989
FL-22-0355 0195
DIRECTOR'S OFFICE



STATE OF NEW YORK
DEPARTMENT OF LABOR
GOVERNOR W. AVERELL HARRIMAN
STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240

THOMAS F. HARTNETT
COMMISSIONER OF LABOR

August 14, 1989

Mr. Michael Faillace
Office of the Vice President and
General Counsel
International Business Machines Corp.
Old Orchard Road
Armonk, New York 10504

Dear Mr. Faillace:

I am in receipt of your recent correspondence with appropriate attachments on behalf of International Business Machines Corporation (IBM) requesting authorization to pay its manual worker employees in New York State on a semi-monthly basis pursuant to New York State Labor Law Section 191.1a (ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that IBM has satisfied all the conditions enumerated in the Statute. The firm has employed 1000 or more persons in the State for the three years preceding its application, has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a (ii).

Therefore, I hereby grant authorization for IBM to pay wages to its manual workers employed in New York State on a semi-monthly payroll basis.

Sincerely,

Thomas F. Hartnett

TFH:RJP:mac

bcc: Comr. Gutowski
Comr. O'Connell
Comr. Deinhardt
Ms. Colavito
Mr. Polsinello

(All Supervisor's MEMO) - Faillace - 9/5/89

International Business Machines Corporation

RECEIVED
Office of the Commissioner of Labor
Albany, N.Y.

JUL 10 1989

THOMAS HARNETT
COMMISSIONER OF LABOR

Office of the Vice President
and General Counsel

Armonk, New York 10504

July 7, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, NY 12240

Dear Commissioner:

Thank you for your valuable support in the successful effort to amend New York Labor Law §191.1(a)(ii). IBM would now like to request that your office authorize the company to pay its manual workers in New York State their regular and overtime wages on a semi-monthly basis pursuant to the amended section.

The amendment specifies five conditions that a company must meet in order to qualify for the authorization. As this letter and the attached documents demonstrate, IBM has met all five. As the largest private employer in New York State, IBM has employed more than 1,000 persons in New York State in each of the last three years. Secondly, IBM has an exemplary history of meeting its payroll responsibilities. Third, IBM has full coverage for worker's compensation and disability. Our policy is with Liberty Mutual, policy number WC2-6Z1-004158-158. Fourth, There are no outstanding warrants of the Department of Taxation and Finance or the Department of Labor against IBM for failure to remit state personal income tax withholdings or unemployment insurance contributions. Finally, as a leader in computer technology, IBM has an advanced computerized record keeping system for payroll which specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee.

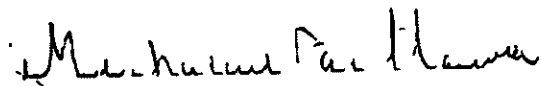
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Mr. Thomas F. Harnett
July 7, 1989
Page 2

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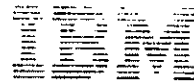
Please feel free to contact me if I can be of further assistance. Thank you very much for your consideration.

Sincerely yours,



Michael A. Faillace

MAF:dh
Attachments



89186PKH0049

International Business Machines Corporation

P.O. Box 950
Poughkeepsie, N. Y. 12602

914-293-2708
856/915-1

July 5, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, NY 12240

Dear Commissioner:

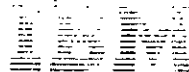
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Sincerely yours,

C. D. Davis, Jr.
C. D. Davis, Jr.
Manager, Site Accounting

CDD:bl

DOROTHY BRIGGI
Notary Public State of New York
No. 60-4609731
Qualified in Westchester County
Commission Expires March 30, 1971



International Business Machines Corporation

520 White Plains Road
Tarrytown, N.Y. 10591
914-765-1900

June 28, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, NY 12240

Dear Commissioner:

I have been the manager of U.S. Compensation Accounting for the last four (4) years. We are responsible for the compensation of 18,140 employees located in New York State.

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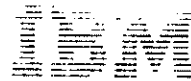
Sincerely yours,

A. Leo Creamer
Manager
IBM U.S. Compensation Accounting

ALC/td

KAREN A. RAHL
Notary Public, State of New York
No. 4919294
Qualified in Rockland County
Term Expires 02-22-90

June 28, 1989



01 : 11 69 MCO 4

International Business Machines Corporation

18100 Frederick Pike
Gaithersburg, Md. 20879

June 28, 1989

Mr. Thomas F. Harnett
Department of Labor
W. Averell Harriman Building
Albany, N.Y. 12240

Dear Commissioner:

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Sincerely,

A. Linthicum

James C. Esworthy
Notary Public
State of Maryland
County of Montgomery
Commission expires July 1, 1991



New York State Department of
TAXATION and FINANCE
Processing and Revenue Management Division
W. A. Harriman Campus
Albany, New York 12227

01 11 60 100 4

June 23, 1989

• Mr. Michael A. Faillace
IBM Corporation
Old Orchard Road
Armonk, New York 10504

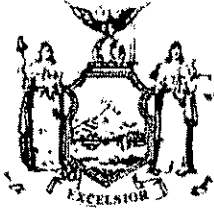
Dear Mr. Faillace:

This is in reply to your letter of June 9, 1989.

This will serve to confirm that there are no outstanding warrants for the
New York State Withholding Tax account of IBM Benefits Plan Trust, [REDACTED]

Ann-Marie Rutkowski
Ann-Marie Rutkowski
Chief Clerk
Withholding Tax Unit

AMR/vjw



UNEMPLOYMENT INSURANCE DIVISION

STATE OF NEW YORK
DEPARTMENT OF LABOR
GOVERNOR W. AVERELL HARRIMAN
STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240

AREA CODE 518 456-1015

1-800-456-1015

81:6 60 100 1

June 12, 1989

Mr. Michael Failace
IBM Corp. Headquarters
Old Orchard Rd.
Armont, NY 10504

In reply refer to:
Central Assignment &
Control Section
[REDACTED]

Re: International Business Machines Corp.

Dear Mr. Failace:

Pursuant to your telephone call of recent date, our records do not indicate any outstanding warrants as of this date.

HJG:eg
cc: J. Pingleton

Very truly yours,

Henry J. Gorko
Henry J. Gorko
Head Account Clerk

International Business Machines Corporation

Office of the Vice President
and General Counsel

Armonk, New York 10501

July 19, 1989

Richard Polsinello
Director of Labor Standards Division
Department of Labor
Building 12, State Campus
Albany, New York, 12240

Dear Mr. Polsinello:

This letter is in regards to IBM's July 7 request that your office authorize the company to pay its manual workers on a semi-monthly basis. §191.1(a)(ii) of the New York Labor Law stipulates that the labor organization representing an employer's manual workers must consent to a semi-monthly payroll for their members. IBM's manual workers are not represented by a labor organization, therefore the above section of the labor law should not apply to our request.

Once again, thank you very much for your consideration and prompt handling of this matter.

Sincerely yours,



Michael A. Faillace

MAF:dh

RECEIVED
DEPARTMENT OF LABOR
DIVISION OF LABOR STANDARDS
ALBANY, NY 12240
JUL 21 1989

DIRECTOR'S OFFICE



STATE OF NEW YORK
 DEPARTMENT OF LABOR
 Division of Labor Standards
 PO BOX 675
 NEW YORK, NY 10014-0675

RECEIVED
 DEPARTMENT OF LABOR
 DIVISION OF LABOR STANDARDS
 ALBANY, NY 12240
 NOV 16 1998
 DIRECTOR'S OFFICE

November 10, 1998

Ms. Charlotte Green
 Director of Payroll
 Michaels Stores, Inc.
 8000 Bent Branch Drive
 Irving, Tx 75063

Dear Ms. Green:

This is to confirm our telephone conversation this afternoon as well as to respond in writing to the correspondence you faxed to me earlier today wherein you made application on behalf of Michaels Stores, Inc. for permission to pay its manual workers on a bi-weekly basis.

From the reprint of Section 191.1a (ii) of the New York State Labor Law which I have once again enclosed, you may note that one of the statutory criteria an employer must meet in order for the Commissioner of Labor to authorize payment of manual workers on either a bi-weekly or a semi-monthly basis is that said employer:

. . . has in the three years preceding the application employed an average of one thousand or more persons in this state or has for one year preceding the application employed an average of one thousand or more persons in this state and has for three years preceding the application employed an average of three thousand or more persons outside the state . . .

Your letter indicates that the number of New York employees on the payroll of Michaels Stores, Inc. last month was 513, that last year the number of New York employees on the payroll was 430 and that the average number of New York employees during the past three years was 457. On the telephone you confirmed that Michaels Stores, Inc. has never reached the threshold of one thousand workers in New York State. Therefore, based upon these figures, it appears that Michaels Stores, Inc. does not meet the above statutory requirement.

Although legislative changes have been proposed to ameliorate the burden that processing a payroll with differing payment frequencies imposes upon employers who do not meet the minimum number of workers established by Section 191.1a.(ii), until such time as this amendment to the law is made, or until such time as Michaels Stores, Inc. meets all the current statutory requirements, regrettably, your request for permission to pay your manual workers less frequently than weekly cannot be granted.

Very truly yours,

E. Davidow
 Supervising Labor Standards Investigator,
 Administrative Services Unit

bec: Director Polsinello ✓
Assistant Director Mrozak

**NEW YORK STATE LABOR LAW
EXCERPTS FROM ARTICLE 6 - PAYMENT OF WAGES**

§ 191. Frequency of payments

1. Every employer shall pay wages in accordance with the following provisions:

a. Manual worker.— (i) A manual worker shall be paid weekly and not later than seven calendar days after the end of the week in which the wages are earned; provided however that a manual worker employed by an employer authorized by the commissioner pursuant to subparagraph (ii) of this paragraph or by a non-profitmaking organization shall be paid in accordance with the agreed terms of employment, but not less frequently than semi-monthly.

(ii) The commissioner may authorize an employer which has in the three years preceding the application employed an average of one thousand or more persons in this state or has for one year preceding the application employed an average of one thousand or more persons in this state and has for three years preceding the application employed an average of three thousand or more persons outside the state to pay less frequently than weekly but not less frequently than semi-monthly if the employer furnishes satisfactory proof to the commissioner of its continuing ability to meet its payroll responsibilities. In making this determination the commissioner shall consider the following: (A) the employer's history meeting its payroll responsibilities in New York state or if no such history in New York state is available, other financial information, as requested by the commissioner, which will assist the commissioner in determining the likelihood of the employer's continuing ability to meet payroll responsibilities; (B) proof of the employer's coverage for workers' compensation and disability; (C) proof that there are no outstanding warrants of the department of taxation and finance or the department of labor against the employer for failure to remit state personal income tax withholdings or unemployment insurance contributions; and (D) proof that the employer has a computerized record keeping system for payroll which, at a minimum, specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee. If the employers' manual workers are represented by a labor organization, the commissioner shall not grant an employer's application for authorization under this subparagraph unless that labor organization consents thereto.

Upon notice to the employer and an opportunity to be heard, the commissioner may rescind such authorization whenever the commissioner has determined, based upon the factors enumerated above, that the employer is no longer able to meet its payroll responsibilities as previously authorized.



STATE OF NEW YORK
DEPARTMENT OF LABOR
Division of Labor Standards
PO BOX 675
NEW YORK, NY 10014-0675

11/16

October 15, 1998

RECEIVED
SEP 17 1998
DIVISION OF LABOR STANDARDS
NEW YORK, NY

Ms. Charlotte Green
Director of Payroll
Michaels Stores, Inc.
8000 Bent Branch Drive
Irving, TX 75063

RE: APPLICATION FOR MANUAL WORKER PAY PERIOD EXTENSION

Dear Ms. Green:

This will acknowledge receipt of your October 13, 1998 Internet correspondence, wherein you made application on behalf of MICHAELS STORES, INC. for permission to pay its manual workers in New York State on a bi-weekly basis. I have enclosed a copy of Section 191.1a (ii) of the New York State Labor Law which, upon the Commissioner of Labor's authorization, allows up to semi-monthly payment frequency.

In order to verify that MICHAELS STORES, INC. meets the qualifying criteria, the following documentation should be forwarded to this office for review:

A letter from a responsible official attesting to:

the number of all employees on the firm's payroll in New York State at the end of a pay period from last month and from pay periods 12 months, 24 months and 36 months earlier OR the number of all employees on the firm's payroll in New York State at the end of a pay period from last month and from the pay period 12 months earlier and the average number of employees outside of New York State during the last three years;

the policy numbers, effective dates and names of insurers providing the firm's current Workers' Compensation and Disability Coverage and the Federal Employer Identification Number (FEIN);

whether the firm has a computerized record-keeping system for payroll which specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee;

whether any of the firm's manual workers in New York State are represented by a labor organization(s). If they are, the firm should present a letter from an appropriate official of the union(s) attesting to their consent to the requested pay period extension.

The statute requires proof that there are no outstanding warrants from two state agencies for failure to remit state personal income tax withholdings or unemployment insurance contributions. A letter certifying that fact may be obtained from those agencies by writing to the following addresses. Refer to your FEIN and your New York State Employer Registration number, respectively, in your correspondence to these agencies.

Carol Brennan
New York State Department of Taxation and Finance
Tax Compliance Division
State Office Building Campus
Building #8, Room 939
P.O. Box 5149
Albany, NY 12205-5149
(518) 485-6631

Ronald J. Williams
New York State Department of Labor
Unemployment Insurance Division
State Office Building Campus
Building #12, Room 244
Albany, NY 12240
(518) 457-5713

After you receive the responses, please forward the originals to this office, together with the attestation from the responsible official of the employer and, if applicable, the statement(s) from the union representative(s). We will review your application and notify you promptly if it is not in order. Subsequently, the Commissioner of Labor will apprise you directly of his decision on the firm's application.

If you have any questions or concerns, please feel free to phone me at (212) 352-6044.

Very truly yours,

E. Davidow
Supervising Investigator
Administrative Services Unit

bcc: Director Richard J. Polsinello ✓
Assistant Director Jack L. Mrozak

NEW YORK STATE LABOR LAW
EXCERPTS FROM ARTICLE 6 - PAYMENT OF WAGES

§ 191. Frequency of payments

1. Every employer shall pay wages in accordance with the following provisions:

a. Manual worker.— (i) A manual worker shall be paid weekly and not later than seven calendar days after the end of the week in which the wages are earned; provided however that a manual worker employed by an employer authorized by the commissioner pursuant to subparagraph (ii) of this paragraph or by a non-profitmaking organization shall be paid in accordance with the agreed terms of employment, but not less frequently than semi-monthly.

(ii) The commissioner may authorize an employer which has in the three years preceding the application employed an average of one thousand or more persons in this state or has for one year preceding the application employed an average of one thousand or more persons in this state and has for three years preceding the application employed an average of three thousand or more persons outside the state to pay less frequently than weekly but not less frequently than semi-monthly if the employer furnishes satisfactory proof to the commissioner of its continuing ability to meet its payroll responsibilities. In making this determination the commissioner shall consider the following: (A) the employer's history meeting its payroll responsibilities in New York state or if no such history in New York state is available, other financial information, as requested by the commissioner, which will assist the commissioner in determining the likelihood of the employer's continuing ability to meet payroll responsibilities; (B) proof of the employer's coverage for workers' compensation and disability; (C) proof that there are no outstanding warrants of the department of taxation and finance or the department of labor against the employer for failure to remit state personal income tax withholdings or unemployment insurance contributions; and (D) proof that the employer has a computerized record keeping system for payroll which, at a minimum, specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee. If the employers' manual workers are represented by a labor organization, the commissioner shall not grant an employer's application for authorization under this subparagraph unless that labor organization consents thereto.

Upon notice to the employer and an opportunity to be heard, the commissioner may rescind such authorization whenever the commissioner has determined, based upon the factors enumerated above, that the employer is no longer able to meet its payroll responsibilities as previously authorized.

ROBERTA REARDON
Commissioner of Labor

New York State Department of Labor
W. Averell Harriman State Office Campus
Building 12, Room 500, Albany, NY 12240
www.labor.ny.gov

November 24, 2021

Mr. Robert M. Tucker, Esq.
Ogletree, Deakins, Nash, Smoak & Stewart P.C.
599 Lexington Ave. 17th Floor
New York, NY 10022

Dear Madam/Sir:

This is in response to your recent correspondence on behalf of Michaels Stores, Inc. to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Michaels Stores, Inc. has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Michaels Stores, Inc. to pay wages to its manual workers employed in New York State on a biweekly basis.

Sincerely,

Roberta Reardon

New York State Department of Labor

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**Department of
Taxation and Finance**

Office of Budget and Management Analysis
W A Harriman Campus, Albany NY 12227

September 22, 2021

Rebecca H Shaffer
Vice President - Tax
Michaels Stores Inc
3939 West John Carpenter Freeway
Irving, TX 75063-

Re: Michaels Stores Inc

Dear Rebecca H Shaffer:

In response to your request for tax information regarding the above-referenced taxpayer, the following is provided:

A search of our records does not indicate any outstanding tax warrants.

If you have questions regarding your request, please call (518) 530-4362.

Sincerely,

A handwritten signature in black ink that reads "Thomas Engel". The signature is written in a cursive style with a large, looped "O" at the end.

Thomas Engel
Income Tax Technician



Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>MICHAELS STORES, INC. 3939 West John Carpenter Freeway IRVING, TX 75063</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 972-409-1300</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NEW YORK DEPARTMENT OF LABOR DIVISION OF LABOR STANDARDS BUILDING 12 STATE OFFICE CAMPUS, ROOM 185B (PCU) ALBANY, NY 12240</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 06/01/2021 to 06/01/2022</p> <p>3d. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 6/3/2021
(Signature) (Date)

Title: Executive Vice President Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are **NOT** authorized to issue it.



Workers' Compensation Board

CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only) MICHAELS STORES INC P O BOX 619566 DALLAS, TX 75261-9566</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured (972) 409-1504</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) STEPHANIE AYALA 3939 W JOHN CARPENTER FWY IRVING, TX 75063</p>	<p>3a. Name of Insurance Carrier New York State Insurance Fund (NYSIF)</p> <p>3b. Policy Number of Entity Listed in Box "1a" [REDACTED]</p> <p>3c. Policy effective period 07/01/2021 to 07/01/2022</p>

4. Policy provides the following benefits:

- A. Both disability and paid family leave benefits
- B. Disability benefits only
- C. Paid family leave benefits only

5. Policy covers:

- A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law
- B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits Insurance coverage as described above.

Date Signed 9/16/2021 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332 Name and Title Melissa Jensen, Director of Disability Insurance Unit

IMPORTANT: If Box 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

Worker Location State	Location	2018	2019	2020
New York	Store - ALBANY-CLIFTON PARK, NY	5	7	8
New York	Store - ALBANY-LATHAM, NY	7	11	14
New York	Store - ALBANY-NORTH GREENBUSH, NY	2	8	11
New York	Store - ALBANY, NY	8	12	12
New York	Store - AMSTERDAM, NY	5	8	10
New York	Store - BATAVIA, NY	9	9	14
New York	Store - BINGHAMTON-VESTAL, NY	8	10	15
New York	Store - BREWSTER, NY	11	14	18
New York	Store - BUFF-AMHERST, NY	11	14	19
New York	Store - BUFF-BUFFALO/TRANSIT, NY	8	16	22
New York	Store - BUFF-CHEEKTOWAGA, NY	17	18	22
New York	Store - CANANDAIGUA, NY	14	18	21
New York	Store - ELMIRA-BIG FLATS, NY	15	16	18
New York	Store - HARTSDALE, NY	10	11	13
New York	Store - ITHACA, NY	8	9	18
New York	Store - KINGSTON, NY	10	11	13
New York	Store - LAKEWOOD, NY	13	14	15
New York	Store - LI-BAYSHORE, NY	13	18	22
New York	Store - LI-COMMACK, NY	13	14	19
New York	Store - LI-HUNTINGTON, NY	11	17	23
New York	Store - LI-LAKE GROVE, NY	11	14	18
New York	Store - LI-LEVITTOWN, NY	16	18	19
New York	Store - LI-MANHASSET, NY	9	12	20
New York	Store - LI-MASSAPEQUA, NY	12	13	21
New York	Store - LI-MEDFORD, NY	6	6	9
New York	Store - LI-OCEANSIDE, NY	16	18	27
New York	Store - LI-PATCHOGUE, NY	10	14	18
New York	Store - LI-RIVERHEAD, NY	13	15	17
New York	Store - LI-ROCKY POINT, NY	15	19	24
New York	Store - LI-ROOSEVELT FIELD, NY	10	13	24
New York	Store - LI-SHIRLEY, NY	9	10	12
New York	Store - LI-VALLEY STREAM, NY	6	13	19
New York	Store - MIDDLETOWN, NY	9	12	12
New York	Store - MOHEGAN LAKE, NY	7	8	15
New York	Store - Nanuet, NY	7	8	10
New York	Store - NEWBURGH, NY	8	11	13
New York	Store - NYC-BROOKLYN HEIGHTS, NY	10	19	31
New York	Store - NYC-BROOKLYN/GATEWAY, NY	6	11	18
New York	Store - NYC-MANHATTAN/CHELSEA, NY	22	35	48
New York	Store - NYC-QUEENS/FRESH MEADOWS, NY	11	17	30
New York	Store - NYC-STATEN ISLAND-BRICKTOWN, NY	7	9	10
New York	Store - NYC-STATEN ISLAND/FOREST AVE, NY	5	7	11
New York	Store - NYC-STATEN ISLAND/MALL, NY	15	20	25
New York	Store - PELHAM MANOR, NY	10	11	14
New York	Store - PLATTSBURGH, NY	8	10	12
New York	Store - PORT CHESTER, NY	14	16	18
New York	Store - POUGHKEEPSIE, NY	7	12	16
New York	Store - QUEENS-FOREST HILLS, NY	11	14	23
New York	Store - QUEENS-WOODSIDE, NY	9	12	16
New York	Store - ROCH-GREECE, NY	8	12	15

Worker Location State	Location	2018	2019	2020
New York	Store - ROCH-HENRIETTA, NY	7	9	12
New York	Store - ROCH-PITTSFORD, NY	23	27	29
New York	Store - ROCH-VICTOR, NY	14	18	23
New York	Store - ROCH-WEBSTER, NY	4	7	8
New York	Store - Saratoga Springs, NY	2	2	2
New York	Store - SYRACUSE-CAMILLUS, NY	8	10	14
New York	Store - SYRACUSE-DEWITT, NY	8	10	18
New York	Store - UTICA-NEW HARTFORD, NY	7	8	11
New York	Store - WATERTOWN, NY	8	9	11
New York	Store - WOODBURY, NY	17	17	21
New York	Store - YONKERS, NY	4	6	25
		2625	2806	3086

**New York Department of Labor, Division of Labor Standards
Michaels Stores, Inc.**


STATE OF TEXAS)
) ss.:
COUNTY OF TARRANT)

JAMES SULLIVAN, being duly sworn, deposes and says:

My business address is: 3939 West Carpenter Freeway, Irving, Texas 75063

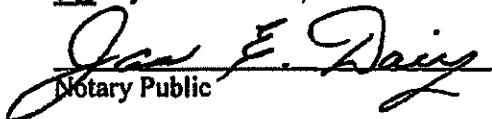
1. I am employed by Michaels Stores, Inc. ("Michaels") as Senior Vice President, Chief Accounting Officer and Controller. I submit this Affidavit in support of Michaels Application for a Variance to Pay Manual Workers Bi-Weekly. This Affidavit is based on my personal knowledge and records maintained by Michaels in the ordinary course of its business.
2. Michaels is the largest arts and crafts specialty retailer in North America. The company operates more than 1,270 stores nationwide and in Canada.
3. As Michaels Senior Vice President, Chief Accounting Officer and Controller, I have been responsible for overseeing Michaels payroll. I have performed this function since 2014.
4. Michaels fiscal year began on January 31, 2021 and it will conclude on January 29, 2022.
5. For the past three fiscal years, Michaels has not defaulted on any of its payroll obligations.
6. Moreover, Michaels is committed to continuing its record of meeting its payroll obligations going forward.

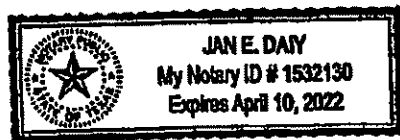
I certify that the foregoing statement it is true and correct to the best of my knowledge and belief.

DocuSigned by:

 0390013C52A5478

JAMES SULLIVAN

Sworn to before me this
16 day of November, 2021


 Notary Public



ROBERTA REARDON
Commissioner of Labor

New York State Department of Labor
W. Averell Harriman State Office Campus
Building 12, Room 500, Albany, NY 12240
www.labor.ny.gov

October 22, 2021

Mr. Robert M. Tucker, Esq.
Ogletree, Deakins, Nash, Smoak & Stewart P.C.
599 Lexington Ave. 17th Floor
New York, NY 10022

Dear Madam/Sir:

This is in response to your recent correspondence on behalf of Michaels Stores, Inc. to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Michaels Stores, Inc. has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Michaels Stores, Inc. to pay wages to its manual workers employed in New York State on a biweekly basis.

Sincerely,

Roberta Reardon

New York State Department of Labor

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NYS DEPARTMENT OF LABOR

NOV 19 2021

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

OGLETREE, DEAKINS, NASH,
SMOAK & STEWART, P.C.

Attorneys at Law
599 Lexington Ave, Fl 17
New York, New York 10022
Telephone: 212-492-2500
Facsimile: 212-492-2501
www.ogletreedeakins.com

Robert M. Tucker
212-492-2510
robert.tucker@ogletree.com

November 18, 2021

Via FedEx

New York State Department of Labor
c/o Mr. J.C. Dacier
State Office Bldg. Campus
Building 12, Rm 185B (PCU)
Albany, NY 12240

Re: Application for a Variance to Pay Manual Workers Bi-Weekly
Michaels Stores, Inc. [REDACTED]

Dear Mr. Dacier:

As you are aware from prior correspondence, this firm represents Michaels Stores, Inc. ("Michaels") in connection with the above-referenced matter. By email dated October 22, 2021, you requested additional documentation in connection with Michaels application. Please find enclosed the requested documentation.

Very truly yours,

Robert M. Tucker

Enclosures

Dacier, J.C. (LABOR)

From: Dacier, J.C. (LABOR)
Sent: Friday, October 22, 2021 2:10 PM
To: robert.tucker@ogletree.com
Subject: your client Michaels Stores, Inc.

Your client submitted a petition for a variance allowing it to pay its manual workers on a bi-weekly basis.

There are some deficiencies.

Please submit the following items on behalf of your client in order to complete their petition.

- 1) One recent pay period's computerized payroll record from any single NYS location. Those records should include the address of the location where the employees work and for each individual employee the following: i) first and last name and department or occupation, ii) wage rate, iii) hours worked, iv) gross wages paid, v) itemized deductions from wages; and, vi) net wages. Do not include employee SSNs or addresses or any other data not listed in this paragraph. Do not include payrolls from multiple pay periods or from multiple locations.
- 2) A transcript of the number of individuals employed and remuneration paid as recorded on your client's quarterly NYS-45 reporting form for each quarter in each of the last three complete calendar years and for each completed quarter of the current calendar year. Under no circumstances should the business submit a copy of the original form.

The information should be arranged in a spreadsheet or matrix format with an individual row for each quarter in each year showing (in ascending date order) the sums for the number of individuals employed and remuneration paid as reported for each year.

The transcript must be accompanied by a signed and notarized affidavit wherein the business's divisional vice president or department head responsible for filing the NYS-45 attests to the genuineness and accuracy of the figures contained in the transcript.

- 3) Proof of the company's continued ability to meet its payroll responsibilities including but not limited to an opinion letter from a certified public accountant affirming that the employer has not defaulted on any of its payroll obligations over the course of the three fiscal years preceding this application.

None of the items listed in (1), (2) and (3) above cannot come under separate cover.

Please submit all three items in a single mailing to:

NYS Dept. of Labor
Room 185B (PCU), Building 12
State Office Campus
Albany, NY 12240

Thank you for your kind cooperation in this matter.

Have a nice day.

Mr. J.C. Dacier
(Clem)
Investigative Officer 3

New York State Department of Labor | Division of Labor Standards
Room 185B PCU Building 12
Albany, NY 12240
Office: 518-485-6334 (direct) j.c.dacier@labor.ny.gov
Facebook | Twitter | YouTube | LinkedIn

NEW YORK STATE DEPARTMENT OF LABOR





OGLETREE, DEAKINS, NASH,
SMOAK & STEWART, P.C.

Attorneys at Law

599 Lexington Ave, Fl 17
New York, New York 10022
Telephone: 212-492-2500
Facsimile: 212-492-2501
www.ogletree.com

Robert M. Tucker
212-492-2510
robert.tucker@ogletree.com

September 29, 2021

RECEIVED
NEW YORK STATE
DEPARTMENT OF LABOR

SEP 30 2021

VIA FEDEX

New York Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 185B
State Office Campus, Building 12
Albany, New York 12240

DIVISION OF LABOR STANDARDS
PERMIT & CERTIFICATE UNIT

Re: Application for a Variance to Pay Manual Workers Bi-Weekly
Michael Stores, Inc. [REDACTED]

Dear Sir/Madam:

As set forth in the enclosed Letter of Representation, we represent Michael Stores, Inc. ("Michaels") in the above-referenced matter. Please address all future inquiries and correspondence for Michaels in this matter exclusively to my attention.

Please find enclosed an Application for a Variance to Pay Manual Workers By-Weekly and the following supporting documents:

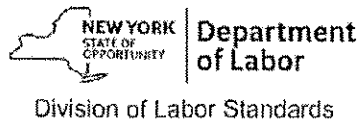
1. Certificate of NYS Workers' Compensation Insurance Coverage (Form C-105.2);
2. Certificate of Insurance Coverage (Form DB-120.1);
3. A table identifying the total number of individuals employed at each Michaels New York State location for years 2018, 2019 and 2020;
4. Release Form - Disclosure Information; and
5. A letter from the NYS Department of Taxation and Finance confirming that Michaels does not have any outstanding tax warrants.

Please do not hesitate to contact me if you require additional information or documentation.

Very truly yours,

Robert M. Tucker

Encs.



Letter of Representation

Fill in each item if you are representing an employer or complainant in a Labor Standards matter.

Date: September 28, 2021

Case File ID or Order to Comply Number: _____

Client/Member Represented (check one): Employer Complainant/Claimant

Client/Member Name: _____

Client Business Name: Michaels Stores, Inc [REDACTED]

Subject of Client's Claim (e.g. minimum wage, overtime etc.):

Application for a Variance to Pay Manual Workers Bi-Weekly

Representative Information (all fields must be completed)

Name: Robert M. Tucker, Esq.

Organization/Firm Name: Ogletree, Deakins, Nash, Smoak & Stewart P.C.

Signature: [Handwritten Signature]

Title: Shareholder

Choose One: Attorney Advocate Accountant Other: _____

Address: 599 Lexington Avenue, 17th Floor, New York, New York 10022

Telephone: (212) 492 - 2510 Fax: (212) 492 - 2501

Email: robert.tucker@ogletree.com

Are you being compensated by the claimant? Yes No

Client/Member Authorization: I authorize the above named individual or organization to represent me in matters involving my complaint/claim. You have my permission to communicate or share information with my representative as necessary.

Client/Member Signature: [Handwritten Signature: Janie Perelman]

DocuSigned by:
JDZC38E519AF3...
Name: Janie Perelman

LS 11 (10/16)

Title: Vice President and Assistant General Counsel

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NEW YORK STATE
DEPARTMENT OF LABOR

SEP 30 2021



DIVISION OF LABOR STANDARDS
PERMIT & CERTIFICATE UNIT

Division of Labor Standards

Room 185B (PCU) Building 12 State Office Campus

Albany, NY 12240

APPLICATION FOR A VARIANCE TO PAY MANUAL WORKERS BI-WEEKLY

NOTE: This type of variance provides coverage only to those employers who for one year preceding the application employed an average of one thousand or more persons in this state and/or have for three years preceding the application employed an average of three thousand or more persons outside the state. Employers who do not fit either of these criteria will not qualify for a variance.

There is no application fee.

FILLING OUT THIS FORM: Answer the following questions (or supply the requested documents) in accordance with the instructions for each numbered item.

1. Legal name of the employer: Michaels Stores, Inc.
2. Trade name of the employer: Michaels
3. Employer's FEIN: [REDACTED]
4. Employer's address: 3939 John Carpenter Frwy Irving, TX 75063
5. Name, title, address, direct phone number and email address of employer's representative making this petition:
Susie Wicker Director-Payroll 3939 John Carpenter Frwy Irving, TX 75063
972-831-4194 wickerd@michaels.com
6. Are any of the employees represented by a union? YES NO (circle one)
7. If you answered yes to question 6 provide the name, position, address, direct phone number and email address of union official(s) representing the employees:

Please submit the following items the completed application:

8. Proof that the employer's workers' comp policy is in effect, for this purpose you must submit form C-105.2 or form U-26.3 (You must not submit an Acord liability form.)
9. Proof that the employer's disability policy is in effect, for this purpose you must submit form DB-120.1 or form DB-155;
10. A table alphabetically listing by location (e.g. Astoria, NY, Babylon, NY, Catskill, NY, etc.) the employer's NYS locations and the number of people cumulatively employed at each location in each of the last 3 complete a) fiscal years, or, b) calendar years with totals at the bottom of each of the three yearly columns.*
11. Proof that there are no outstanding warrants against the employer for failure to remit state personal income tax withholdings. You may obtain such proof by writing to the Department of Taxation and Finance and asking them to furnish you with a letter certifying that fact. The appropriate address is as follows:

New York State Department of Taxation and Finance

Disclosure and Government Exchange

Attn: Thomas Engel or Christine Kilmartin

Building #8, Room 700

NYS Office Building Campus

Albany, NY 12227

Phone: (518) 530-4362

Thomas.Engel@tax.ny.gov or Christine.Kilmartin@tax.ny.gov

NOTE: In your communications with the above-referenced agency you must provide the employer's FEIN.

12. The disclosure/release form that accompanies this form to verify that the employer's unemployment insurance tax account is not in arrears.
13. If you answered Question 6 affirmatively, a letter from responsible officials of the local union wherein these officials express their opposition to or concurrence with the employer's petition to pay manual workers bi-weekly or semi-monthly.

All items plus this application must be submitted together in one mailing to:

NYS Dept of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 185B
State Office Campus, Building 12
Albany NY 12240

Please do not submit any of the items pertaining to this application under separate cover.

Also complete and submit the form found at the following link if you are a third party representative:
<https://www.labor.ny.gov/formsdocs/wp/LS1.1.pdf>

NAME OF PREPARER Susie Wicker

TITLE Director-Payroll

SIGNATURE _____ DATE _____

*If the applicant wishes to qualify by showing that it has employed an average of 3,000 or more people during the last 3 calendar or fiscal years then the applicant should substitute a table alphabetically listing by location (e.g. Chicago, IL, Fairbanks, AK, Waco, TX, etc.) the employer's US locations and the number of people cumulatively employed at each location in each of the last 3 complete a) fiscal years, or, b) calendar years with totals at the bottom of each of the three yearly columns.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Worker's Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits, and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.



To:

Company:

Fax: 9724091533

Phone:

From: Thomas.Engel@tax.ny.gov

Fax:

Phone:

Email: Thomas.Engel@tax.ny.gov

Notes:

For Rebecca H Shaffer

9

.....
This communication may contain confidential and/or legally privileged information. It is intended only for the individuals named as recipients. If you are not an intended recipient you are not authorized to disseminate, distribute or copy this communication. If you are involved in this communication by mistake, please notify the sender immediately and delete or destroy it, as appropriate.

New York State Department of Labor
Harriman State Office Campus
Building 12, 185B, Albany, NY 12240
www.labor.ny.gov
518-457-1942

RELEASE FORM – DISCLOSURE INFORMATION

Pursuant to the request, initiated by

Michaels Stores, Inc
(Please print legal name of EMPLOYER)

to pay its manual workers on a biweekly or semimonthly basis,

I, Rebecca H. Shaffer
(Please print NAME of responsible officer signing release form)

Vice President - Tax
(Please print TITLE of responsible officer signing release form)

hereby authorize the Division of Unemployment Insurance to disclose to the Permit and Certificate Unit of the Division of Labor Standards of New York State Department of Labor its record, if any, of said employer's Unemployment Insurance tax liabilities.

[REDACTED] Federal Employer Identification Number
(FEIN)
(FEIN)

[REDACTED] Unemployment Insurance Employer Registration Number
(ER#)
(ER#)

Rebecca H Shaffer

Signature

15 September 2021

Date

WE ARE YOUR DOL



Kathy Hochul, Governor
Roberta Reardon, Commissioner

November 12, 2021

Mr. Larry Bliss
Executive Director, Assistant General Counsel, Employment Law
Regeneron Pharmaceuticals, Inc.
777 Old Saw Mill River Road
Tarrytown, NY 10591-6707

Dear Mr. Bliss:

This is in response to your recent correspondence on behalf of Regeneron Pharmaceuticals, Inc. to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Regeneron Pharmaceuticals, Inc. has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Regeneron Pharmaceuticals, Inc. to pay wages to its manual workers employed in New York State on a biweekly basis.

If you require additional information please feel free to contact Maura McCann, Director of Labor Standards at either maura.mccann@labor.ny.gov or 518-457-1378.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Roberta Reardon".

Roberta Reardon
Commissioner

RR:sc

4)

cc: **Milan Bhatt, Deputy Commissioner, Worker Protection**
Maura McCann, Director, Labor Standards, Worker Protection

ROBERTA REARDON
Commissioner of Labor

New York State Department of Labor
W. Averell Harriman State Office Campus
Building 12, Room 500, Albany, NY 12240
www.labor.ny.gov

September 17, 2021

Mr. Larry Bliss, Exec. Dir., Ass't. Gen. Counsel, Employment Law
Regeneron Pharmaceuticals, Inc.
777 Old Saw Mill River Rd.
Tarrytown, NY 10591-6707

Dear Madam/Sir:

This is in response to your recent correspondence on behalf of Regeneron Pharmaceuticals, Inc. to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Regeneron Pharmaceuticals, Inc. has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Regeneron Pharmaceuticals, Inc. to pay wages to its manual workers employed in New York State on a biweekly basis.

Sincerely,

Roberta Reardon

New York State Department of Labor

[Facebook](#) | [Twitter](#) | [YouTube](#) | [LinkedIn](#)

Release Form – Disclosure Information

Pursuant to the request, initiated by,

Regeneron Pharmaceuticals, Inc.
(Print legal name of **EMPLOYER**)

to pay its manual workers on a bi-weekly or semi-monthly basis,

1. Alicia Pantaleo
(print **NAME** of responsible officer signing release form)

Vice President, Accounting Operations & Ass't Controller
(print **TITLE** of responsible officer signing release form)

hereby authorize the Division of Unemployment Insurance to disclose to the Permit and Certificate Unit of the Division of Labor Standards of New York State Department of Labor its record, if any, of said

 x liabilities.
Number FEIN)

(print Unemployment Insurance Employer Registration Number ER#)

Alicia Pantaleo
Signature

8-2-2021
Date

New York State Department of Labor
Division of Labor Standards
W. Averell Harriman State Office Campus, Bldg. 12, Rm. 185B PCU, Albany, NY
12240 Phone: (518) 457-1942 Fax: (518) 457-2731
labor2dd22d@labor.ny.gov

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only) Regeneron Pharmaceuticals, Inc. 777 Old Saw Mill River Road Tarrytown, New York 10591</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 914-345-7000</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>New York State Department of Labor Division of Labor Standards W. Averell Harriman State Office Campus, Bldg. 12, Rm. 185B PCU Albany, NY 12240</p>	<p>3a. Name of Insurance Carrier Travelers Insurance Co.</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period <u>02/10/2021</u> to <u>02/10/2022</u></p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Laurence R. Schacht, VP Digitally signed by Laurence R. Schacht, VP
Date: 2021.07.16 13:36:44 -04'00'
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 07/16/2021
(Signature) (Date)

Title: Laurence Schacht, VP

Telephone Number of authorized representative or licensed agent of insurance carrier: 585-292-6030

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.



CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
REGENERON PHARMACEUTICALS, INC.
777 OLD SAW MILL RIVER ROAD
TARRYTOWN, NY 10591
1b. Business Telephone Number of Insured
914-847-5504
1c. Federal Employer Identification Number of Insured or Social Security Number

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
3a Name of Insurance Carrier
HARTFORD LIFE AND ACCIDENT
3b Policy Number of Entity Listed in Box "1a"
3c Policy effective period
01-01-2021 to 12-31-2021

4. Policy provides the following benefits:
A. Both disability and paid family leave benefits.
B. Disability benefits only.
C. Paid family leave benefits only.
5. Policy covers:
A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.
Date Signed 06-15-2021 Elizabeth Tello

Telephone Number (212) 553-8074 Name and Title: Elizabeth Tello - Assistant Director, Statutory Services

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed By
Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





**Department of
Taxation and Finance**

Office of Budget and Management Analysis
W A Harriman Campus, Albany NY 12227

July 14, 2021

Larry Bliss
Executive Director
Regeneron Pharmaceuticals Inc
777 Old Saw Mill River Road
Tarrytown, NY 10591-6707

Re: Regeneron Pharmaceuticals Inc

Dear Larry Bliss:

In response to your request for tax information regarding the above-referenced taxpayer, the following is provided:

A search of our records does not indicate any outstanding tax warrants.

If you have questions regarding your request, please call (518) 530-4362.

Sincerely,

A handwritten signature in cursive script that reads "Thomas Engel".

Thomas Engel
Income Tax Technician

REGENERON

Regeneron Pharmaceuticals, Inc.
777 Old Saw Mill River Road
Tarrytown, NY 10591-6707

Phone 914 847 7909
Fax 914 847 7646
www.regeneron.com

July 27, 2021

Via Overnight Mail

New York Department of Labor
Division of Labor Standards
Permit and Certificate Unit
State Office Campus,
Building 12, Rm. 185B (PCU)
Albany, NY 12240

Re: Pay Variance Application – Affirmation of Ability to Meet Payroll Obligations

To Whom It May Concern:

I am writing on behalf of Regeneron Pharmaceuticals, Inc. (“Regeneron” or “the Company”) regarding the company’s application for a pay variance to pay workers bi-weekly.

I am Regeneron’s Vice President of Accounting Operations and the Company’s Assistant Controller. Payroll operations fall under my responsibilities. Therefore, I can confirm that the Company continues to maintain its ability to meet its payroll responsibilities. Regeneron has not defaulted on any of its payroll obligations over the course of the three fiscal years preceding this application. Regeneron does not have any payroll debts over thirty days due.

Please let me know if you have any questions or need more information for this request.

Thank you,



Alicia Pantaleo

Vice President, Accounting Operations & Assist. Controller

Dacier, J.C. (LABOR)

From: Dacier, J.C. (LABOR)
Sent: Friday, August 13, 2021 9:07 AM
To: larry.bliss@regeneron.com
Subject: application for a pay variance NYS Dept. of Labor

Dear Sir:

We have processed your client's petition for a variance to pay manual workers bi-weekly. The packet you sent was complete and we are ready to recommend approval of the petition. However, there is an impediment. Apparently your client is in arrears on its unemployment insurance tax payments. We cannot refer the petition for approval until this situation is resolved.

Please instruct your client to have someone contact the people in this Department who handle unemployment insurance tax payments: 518-457-5839 or 1-800-456-1015. When calling please refer to these two accounts:

Regeneron Pharmaceuticals Inc
FEIN# [REDACTED]
ER# [REDACTED]

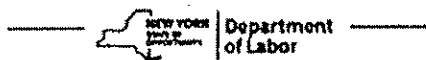
Regeneron Healthcare Solutions Inc
FEIN# [REDACTED]
ER# [REDACTED]

Please write back to me when you have written proof that these two issues have been resolved.

Have a nice day.

Mr. J.C. Dacier
(Clem)
Investigative Officer 3

New York State Department of Labor | Division of Labor Standards
Room 185B PCU Building 12
Albany, NY 12240
Office: 518-485-6334 (direct) j.c.dacier@labor.ny.gov
Facebook | Twitter | YouTube | LinkedIn



FW: 22-78741 Regeneron

Dacier, J.C. (LABOR) <J.C.Dacier@labor.ny.gov>

Mon 09/13/2021 2:30 PM

To: Gardner, Ebonai (LABOR) <Ebonai.Gardner@labor.ny.gov>

Ebonai:

Please print this email and put it in Regeneron's manual worker/bi-weekly pay folder.

REGENERON

Regeneron Pharmaceuticals, Inc.
777 Old Saw Mill River Road
Tarrytown, NY 10594-6707

Phone 914 847 7128
Fax 914 847 7646
www.regeneron.com

August 3, 2021

Via Overnight Mail

New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit
State Office Campus
Building 12, Rm. 185B (PCU)
Albany, NY 12240

RECEIVED
NYS DEPARTMENT OF LABOR

AUG 04 2021

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

Re: Pay Variance Application

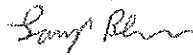
To Whom It May Concern:

I am writing on behalf of Regeneron Pharmaceuticals, Inc. ("Regeneron"). Enclosed is Regeneron's application for a pay variance pursuant to Labor Law Section 191.

I am an in-house attorney acting as Regeneron's representative. If you have any questions, please do not hesitate to contact me at (914) 847-7128 or at larry.bliss@regeneron.com.

Thank you for your attention to this matter.

Respectfully Submitted,



Larry Bliss
Executive Director, Assistant General Counsel, Employment Law

REGENERON

Regeneron Pharmaceuticals, Inc.
777 Old Saw Mill River Road
Tarrytown, NY 10591-6707

Phone 914 847 7128
Fax 914 847 7646
www.regeneron.com

August 3, 2021

Via Overnight Mail

New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit
State Office Campus
Building 12, Rm. 185B (PCU)
Albany, NY 12240

RECEIVED
NYS DEPARTMENT OF LABOR

AUG 04 2021

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

Re: Pay Variance Application

To Whom It May Concern:

I am writing on behalf of Regeneron Pharmaceuticals, Inc. ("Regeneron"). Enclosed is Regeneron's application for a pay variance pursuant to Labor Law Section 191.

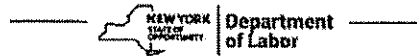
I am an in-house attorney acting as Regeneron's representative. If you have any questions, please do not hesitate to contact me at (914) 847-7128 or at larry.bliss@regeneron.com.

Thank you for your attention to this matter.

Respectfully Submitted,



Larry Bliss
Executive Director, Assistant General Counsel, Employment Law



AUG 04 2021

Application for Authorization to Pay Manual Workers Less Frequently Than Weekly

According to Section 191.1(a) of the Labor Law, an employer may qualify for a variance if

- in the 3 years preceding the application it has employed an average of 1,000 or more persons in this state, or
- for 1 year preceding the application it has employed an average of 1,000 or more persons in this state, **and** has for 3 years preceding the application it has employed an average of 3,000 or more persons outside the state
- it furnishes satisfactory proof of the continuing ability to meet its payroll responsibilities.

Answer the following questions and provide the requested information in order to apply for a variance to pay manual workers bi-weekly or semi-monthly:

1. Legal name of employer: Regeneron Pharmaceuticals, Inc
2. Trade name: N/A
3. Address: 777 Old Saw Mill River Road, Tarrytown NY 10591

4. FEIN: 

5. The person filing this application on behalf of the employer must complete and submit a letter of representation form found at this link:

<https://dol.ny.gov/system/files/documents/2021/03/ls11.pdf>

6. Are the manual workers covered by this request represented by a labor organization? Yes No

If yes, provide the name, title, address, direct phone number and e-mail address of any labor official at the local or national level who represents the employees in question. Use an additional sheet, if necessary.

6a. Name: _____ Title: _____
(print) (print)

6b. Address: _____

6c. Phone Number: _____ E-mail: _____

This application must be submitted with the items listed below and mailed to the address shown in the top left-hand corner of this form. All required items must come in a single mailing. Please do not submit any item pertaining to this application under separate cover.

- A) One recent pay period's computerized payroll record from any single NYS location. Those records should include the address of the location where the employees work and for each individual employee the following: i) first and last name and department or occupation, ii) wage rate, iii) hours worked, iv) gross wages paid, v) itemized deductions from wages; and, vi) net wages. Do not include employee SSNs or addresses or any other data not listed in this paragraph. Do not include payrolls from multiple pay periods or from multiple locations.

- B) A transcript of the number of individuals employed and remuneration paid as recorded on your business's quarterly NYS-45 reporting form for each quarter in each of the last three complete calendar years and for each completed quarter of the current calendar year. Under no circumstances should the business submit a copy of the original form.

The information should be arranged in a spreadsheet or matrix format with an individual row for each quarter in each year showing (in ascending date order) the sums for the number of individuals employed and remuneration paid as reported for each year.

The transcript must be accompanied by a signed and notarized affidavit prepared by the business's legal counsel wherein the business's divisional vice president or department head responsible for filing the NYS-45 attests to the genuineness and accuracy of the figures contained in the transcript.

If your business is seeking to qualify for a variance under the 3,000-employee threshold described earlier in this form then your business must also submit the same kind of transcripts compiled from figures on analogous quarterly reporting forms used in other states or localities.

- C) Proof of the company's continued ability to meet its payroll responsibilities including but not limited to an opinion letter from a certified public accountant affirming that the employer has not defaulted on any of its payroll obligations over the course of the three fiscal years preceding this application.
- D) If the manual workers in New York State are represented by any labor organization the employer must include letters from the appropriate union officials giving their assent to the requested pay period extension, or a copy of a contract in effect wherein a bi-weekly or semi-monthly pay period has been agreed upon.
- E) Proof of employer's coverage for workers' compensation insurance. Acceptable forms are: C-105.2; U-26.3; SI-12, GSI-105.2.

Accord liability insurance forms are not accepted as proof of workers' compensation coverage.

- F) Proof of employer's coverage for disability insurance. Acceptable forms are: DB 120.1; DB-155.
- G) Proof of no outstanding warrants for failure to remit state personal income tax withholdings. Proof is obtained by writing to the New York State Department of Taxation and Finance (address below) to issue a letter certifying that fact. Be sure to reference the Federal Employer Identification Number (FEIN).

The letter must accompany the application, do not submit it under separate cover.

New York State Department of Tax and Finance
Disclosure and Government Exchange
Attention: Thomas Engle, Tax Technician III
Building #8, Room 700
NYS Office Building Campus
Albany, NY 12227
Phone: 518-530-4362

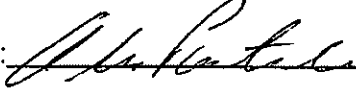
- H) Proof that there are no outstanding warrants against the employer for failure to remit unemployment insurance contributions. The **Division of Unemployment Insurance** may provide proof to us directly, if a responsible officer of the employer executes the attached **RELEASE FORM**.

Attestation: I the undersigned applicant, as a responsible official of this firm, attest that the number of employees employed by the above-named employer has (check one):

in the 3 years preceding this application employed an average of 1,000 or more persons in New York State or

has for 1 year preceding this application employed an average of 1,000 or more persons in New York State and has for 3 years preceding the application employed an average of 3,000 or more persons outside the state.

Name: Alicia Pantaleo Title: VP Acctg Ops & Asst Controller

Signature:  Date: 8-2-2021

There is no application fee.



Letter of Representation

Fill in each item if you are representing an employer or complainant in a Labor Standards matter.

Date: July 22, 2021

Case File ID or Order to Comply Number: Unnumbered

Client/Member Represented (check one): [X] Employer [] Complainant/Claimant

Client/Member Name: Regeneron Pharmaceuticals, Inc.

Client Business Name: Regeneron Pharmaceuticals, Inc.

Subject of Client's Claim (e.g. minimum wage, overtime etc.):

Application for Pay Variance to pay workers bi-weekly or semi-monthly

Representative Information (all fields must be completed)

Name: Larry Bliss

Organization/Firm Name: Regeneron Pharmaceuticals, Inc.

Signature: Larry Bliss

Title: Assistant General Counsel, Executive Director

Choose One: [X] Attorney [] Advocate [] Accountant [] Other:

Address: 777 Old Saw Mill River Rd, Tarrytown, NY 10591

Telephone: 914-847-7128 Fax: 914-847-7646

Email: larry.bliss@regeneron.com

Are you being compensated by the claimant? [X] Yes [] No

Client/Member Authorization: I authorize the above named individual or organization to represent me in matters involving my complaint/claim. You have my permission to communicate or share information with my representative as necessary.

Client/Member Signature: [Signature]

August 4, 2021

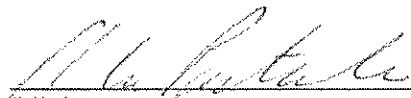
New York Department of Labor
Division of Labor Standards
Permit and Certificate Unit
State Office Campus,
Building 12, Rm. 185B (PCU)
Albany, NY 12240

Re: Pay Variance Application – Affidavit re: NYS-45 Transcript

State of New York)
 Dutchess) ss:
County of ~~Westchester~~)

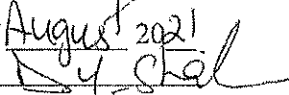
I, Alicia Pantaleo, being duly sworn, depose and say:

1. I am Regeneron’s Vice President of Accounting Operations and the Company’s Assistant Controller.
2. As part of my duties, I am responsible for overseeing the quarterly filing by Regeneron of the Form NYS-45.
3. Attached is a spreadsheet created under my supervision which contains: (1) the number of individuals employed by Regeneron and (2) the remuneration paid to these individuals, as Regeneron recorded on its Form NYS-45 for each quarter in each of the last three complete calendar years (2018, 2019, and 2020) and for each completed quarter of the current calendar year (2021).
4. I have reviewed the spreadsheet and affirm that the information contained therein is accurate.



Alicia Pantaleo

Sworn to before me

This ^{not} 2 day of August 2021


Notary Public

DIPTI SHAH
NOTARY PUBLIC-STATE OF NEW YORK
No. 01SH6391079
Qualified in Dutchess County
My Commission Expires 04-29-2023

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1 a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

ROBERTA REARDON
Commissioner of Labor

RECEIVED
NYS DEPARTMENT OF LABOR

NOV 02 2018

New York State Department of Labor
W. Averell Harriman State Office Campus
Building 12, Room 500, Albany, NY 12240
www.labor.ny.gov

DIV OF LABOR STANDARDS
PERMIT & C

October 30, 2018

Ms. Christine Hogan
Counsel for Ulta Salon Cosmetic Fragrance, Inc.
Littler Mendelson, P.C.
900 Third Avenue
New York, NY 10002-3298

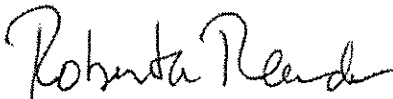
Dear Ms. Hogan:

This is in response to your recent correspondence on behalf of Ulta Salon Cosmetic Fragrance, Inc. to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Ulta Salon Cosmetic Fragrance, Inc. has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Ulta Salon Cosmetic Fragrance, Inc. to pay wages to its manual workers employed in New York State on a biweekly basis.

Sincerely,



Roberta Reardon

ROBERTA REARDON
Commissioner of Labor

New York State Department of Labor
W. Averell Harriman State Office Campus
Building 12, Room 500, Albany, NY 12240
www.labor.ny.gov

October 24, 2018

Christine L. Hogan, counsel for Ulta Salon Cosmetic Fragrance, Inc.
Littler Mendelson, P.C.
900 Third Avenue
New York, NY 10002-3298

Dear Ms. Hogan:

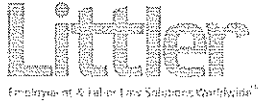
This is in response to your recent correspondence on behalf of Ulta Salon Cosmetic Fragrance, Inc. to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Ulta Salon Cosmetic Fragrance, Inc. has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Ulta Salon Cosmetic Fragrance, Inc. to pay wages to its manual workers employed in New York State on a biweekly basis.

Sincerely,

Roberta Reardon



Littler Mendelson, P.C.
900 Third Avenue
New York, NY 10022.3298

Christine L. Hogan
212.583.2676 direct
212.583.9600 main
212.898.1116 fax
clhogan@littler.com

July 11, 2018

J.C. Dacier, Supervising Investigator
(Investigative Officer 3)
Permits & Certificates Unit
NYS Dept. of Labor
Room 266A Building 12
State Office Campus
Albany, NY 12240

RECEIVED
NYS DEPARTMENT OF LABOR

JUL 12 2018

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

**Re: Request for Biweekly Payment Schedule Pursuant to
Labor Law Section 191.1(ii)**

Dear Mr. Dacier:

On behalf of our client, Ulta, we write pursuant to New York State Labor Law 191.1(ii) to request that the Company be permitted to pay manual workers on a biweekly rather than a weekly basis.

As per your request, we submit the following documents:

- (1) The Affidavit of Micahel Castrogiovano, Ulta's Payroll Director, attesting to the relevant facts and submitting documentary proof in support of the Company's request for a Section 191.1(ii) waiver, attached hereto as Exhibit A;
- (2) A certifying letter from the New York State Department of Tax & Finance indicating that there are no outstanding tax liabilities against Ulta, attached hereto as Exhibit B;
- (3) An executed Unemployment Insurance release form, attached hereto as Exhibit C; and
- (4) Forms C-105.2 and DB-120.1 from the relevant time periods, attached hereto as Exhibit D.

Please do not hesitate to contact me at (212) 583-2676 if you have any questions or require further information.

Respectfully submitted,


Christine L. Hogan

Encl.

Bi-Weekly Payroll Checklist

- ◇ Complete application, including FEIN ✓ (SEE RELEASE FORM)
- ◇ Reason why variance is needed
- ◇ # of employees on the payroll in NYS at the end of a pay period from last month and from pay periods 12 months, 24 months and 36 months earlier *or* the # of all employees on the payroll in NYS at the end of a pay period from last month and from the pay period 12 months earlier *and* the average # of employees outside NYS during the last 3 years RECEIVED 10/23/18 ✓
- ◇ Proof of coverage for WC/DB, including effective dates and names of insurers providing coverage ✓
- ◇ Proof that the employer has a computerized payroll record-keeping system that specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee ✓
- ◇ Release Form – Disclosure Information authorizing UI to disclose its record, if any, of the employer's UI tax liabilities, along with the FEIN and UI Employer Registration # EMAILED TO U.I. ON 7/16/18
RE-SENT ON 10/23/18 NO ISSUES PER RE-MAIL 10/20/18
- ◇ Certifying letter from the NYS Dept. of Taxation & Finance that there are no outstanding warrants against the employer for failure to remit state Personal Income Tax withholdings ✓
- ◇ Enter ER data in [manual wkr ongoing database.mdb] located at \\Dol0a1fs\wkrpro\LS\LS\IPCS\Permit and Certificate Unit\Bi-Weekly Payroll ✓
- ◇ If employees are represented by a labor union, employer must present either a letter from an appropriate union official attesting to the fact that it consents to the requested pay period extension *or* a copy of the current contract in which a bi-weekly or semi-monthly pay period has been agreed upon NO UNION ✓



Littler Mendelson, P.C.
900 Third Avenue
New York, NY 10022.3298

Christine L. Hogan
212.583.2676 direct
212.583.8600 main
212.898.1116 fax
clhogan@littler.com

October 22, 2018

J.C. Dacier, Supervising Investigator
(Investigative Officer 3)
Permits & Certificates Unit
NYS Dept. of Labor
Room 266A Building 12
State Office Campus
Albany, NY 12240

**Re: Request for Biweekly Payment Schedule Pursuant to
Labor Law Section 191.1(ii)**

Dear Mr. Dacier:

On behalf of our client, Ulta, we write pursuant to New York State Labor Law 191.1(ii) to supplement our request that the Company be permitted to pay manual workers on a biweekly rather than a weekly basis.

Accordingly, we submit the following additional information:

- (1) The number of NYS employees on payroll at the end of the last payrolls in June 2015: 738
- (2) The number of NYS employees on payroll at the end of the last payrolls in June 2016: 865
- (3) The number of NYS employees on payroll at the end of the last payrolls in June 2017: 1094
- (4) The number of NYS employees on payroll at the end of the last payroll in June 2018: 1571
- (5) The average number of employees outside of NYS over the course of the last three years dating back from the last payroll in June 2018: 35,620

Please do not hesitate to contact me at (212) 583-2676 if you have any questions or require further information or underlying documentation.

Respectfully submitted,

Christine L. Hogan



**Department of
Taxation and Finance**

Office of Budget and Management Analysis
W A Harriman Campus, Albany NY 12227

June 13, 2018

Ms. Christine Hogan
Little Mendelson, P.C.
900 Third Avenue

New York, NY 10002-2329

Re: Ulta Salon Cosmetic Fragrance Inc.

Dear Ms. Hogan:

In response to your request for tax information regarding the above-referenced taxpayer, the following is provided:

A search of our records does not indicate any outstanding tax warrants under the name and identification number given.

If you have questions regarding your request, please call (518) 530-4362.

Sincerely,

A handwritten signature in black ink that reads "Thomas Engel". The signature is written in a cursive style with a large, stylized "E" at the end.

Thomas Engel
Income Tax Technician

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) Ulta Salon, Cosmetics & Fragrance, Inc. Store #324 Webster Towne Center 913 Holt Road Webster, NY 14580 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 585-872-0750 1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201	3a. Name of Insurance Carrier Arch Indemnity Insurance Company 3b. Policy Number of entity listed in box "1a" [REDACTED] 3c. Policy effective period 05/31/17 - 05/31/18 3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: **312 601 8485**

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
ULTA 3 COSMETICS & SALON INC
1000 REMINGTON BLVD STE 120
BOLINGBROOK, IL 60440

1b. Business Telephone Number of Insured
(630) 410-4730

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)

1c. Federal Employer Identification Number of Insured or Social Security Number

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)

NY DEPARTMENT OF STATE
ONE COMMERCE PLAZA
99 WASHINGTON AVE
ALBANY, NY 12201

3a. Name of Insurance Carrier

New York State Insurance Fund (NYSIF)

3b. Policy Number of Entity Listed in Box "1a"

3c. Policy effective period

05/01/1996 to 07/01/2018

4. Policy provides the following benefits:

- A. Both disability and paid family leave benefits
B. Disability benefits only
C. Paid family leave benefits only

5. Policy covers:

- A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law
B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 5/24/2018

By [Signature]

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332

Name and Title Melissa Jensen, Acting Head of Disability Insurance Unit

IMPORTANT: If Box 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed

By

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number

Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

ROBERTA REARDON
Commissioner of Labor

New York State Department of Labor
W. Averell Harriman State Office Campus
Building 12, Room 500, Albany, NY 12240
www.labor.ny.gov

October 24, 2018

Christine L. Hogan, counsel for Ulta Salon Cosmetic Fragrance, Inc.
Littler Mendelson, P.C.
900 Third Avenue
New York, NY 10002-3298

Dear Ms. Hogan:

This is in response to your recent correspondence on behalf of Ulta Salon Cosmetic Fragrance, Inc. to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Ulta Salon Cosmetic Fragrance, Inc. has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Ulta Salon Cosmetic Fragrance, Inc. to pay wages to its manual workers employed in New York State on a biweekly basis.

Sincerely,

Roberta Reardon



Littler Mendelson, P.C.
900 Third Avenue
New York, NY 10022.3298

Christine L. Hogan
212.583.2676 direct
212.583.9600 main
212.898.1116 fax
clhogan@littler.com

July 11, 2018

J.C. Dacier, Supervising Investigator
(Investigative Officer 3)
Permits & Certificates Unit
NYS Dept. of Labor
Room 266A Building 12
State Office Campus
Albany, NY 12240

RECEIVED
NYS DEPARTMENT OF LABOR

JUL 12 2018

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

**Re: Request for Biweekly Payment Schedule Pursuant to
Labor Law Section 191.1(ii)**

Dear Mr. Dacier:

On behalf of our client, Ulta, we write pursuant to New York State Labor Law 191.1(ii) to request that the Company be permitted to pay manual workers on a biweekly rather than a weekly basis.

As per your request, we submit the following documents:

- (1) The Affidavit of Micahel Castrogiovano, Ulta's Payroll Director, attesting to the relevant facts and submitting documentary proof in support of the Company's request for a Section 191.1(ii) waiver, attached hereto as Exhibit A;
- (2) A certifying letter from the New York State Department of Tax & Finance indicating that there are no outstanding tax liabilities against Ulta, attached hereto as Exhibit B;
- (3) An executed Unemployment Insurance release form, attached hereto as Exhibit C; and
- (4) Forms C-105.2 and DB-120.1 from the relevant time periods, attached hereto as Exhibit D.

Please do not hesitate to contact me at (212) 583-2676 if you have any questions or require further information.

Respectfully submitted,


Christine L. Hogan

Encl.

Bi-Weekly Payroll Checklist

- ◇ Complete application, including FEIN ✓ (SEE RELEASE FORM)
- ◇ Reason why variance is needed
- ◇ # of employees on the payroll in NYS at the end of a pay period from last month and from pay periods 12 months, 24 months and 36 months earlier or the # of all employees on the payroll in NYS at the end of a pay period from last month and from the pay period 12 months earlier and the average # of employees outside NYS during the last 3 years RECEIVED 10/23/18 ✓
- ◇ Proof of coverage for WC/DB, including effective dates and names of insurers providing coverage ✓
- ◇ Proof that the employer has a computerized payroll record-keeping system that specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee ✓
- ◇ Release Form – Disclosure Information authorizing UI to disclose its record, if any, of the employer's UI tax liabilities, along with the FEIN and UI Employer Registration # EMAILED TO U.I. ON 7/16/18 RE-SENT ON 10/23/18 NO ISSUES PER E-MAIL 10/24/18 ✓
- ◇ Certifying letter from the NYS Dept. of Taxation & Finance that there are no outstanding warrants against the employer for failure to remit state Personal Income Tax withholdings ✓
- ◇ Enter ER data in [manual wkr ongoing database.mdb] located at \\Dol0a1fs1\wrkerprot\LS\LS1\PCS\Permit and Certificate Unit\Bi-Weekly Payroll ✓
- ◇ If employees are represented by a labor union, employer must present either a letter from an appropriate union official attesting to the fact that it consents to the requested pay period extension or a copy of the current contract in which a bi-weekly or semi-monthly pay period has been agreed upon NO UNION ✓



Littler Mendelson, P.C.
900 Third Avenue
New York, NY 10022.3298

Christine L. Hogan
212.583.2676 direct
212.583.9600 main
212.898.1116 fax
chogan@littler.com

October 22, 2018

J.C. Dacier, Supervising Investigator
(Investigative Officer 3)
Permits & Certificates Unit
NYS Dept. of Labor
Room 266A Building 12
State Office Campus
Albany, NY 12240

**Re: Request for Biweekly Payment Schedule Pursuant to
Labor Law Section 191.1(ii)**

Dear Mr. Dacier:

On behalf of our client, Ulta, we write pursuant to New York State Labor Law 191.1(ii) to supplement our request that the Company be permitted to pay manual workers on a biweekly rather than a weekly basis.

Accordingly, we submit the following additional information:

- (1) The number of NYS employees on payroll at the end of the last payrolls in June 2015: 738
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- (4) The number of NYS employees on payroll at the end of the last payroll in June 2018: 1571
- (5) The average number of employees outside of NYS over the course of the last three years dating back from the last payroll in June 2018: 35,620

Please do not hesitate to contact me at (212) 583-2676 if you have any questions or require further information or underlying documentation.

Respectfully submitted,

Christine L. Hogan



**Department of
Taxation and Finance**

Office of Budget and Management Analysis
W A Harriman Campus, Albany NY 12227

June 13, 2018

Ms. Christine Hogan
Little Mendelson, P.C.
900 Third Avenue

New York, NY 10002-2329

Re: Ulta Salon Cosmetic Fragrance Inc.

Dear Ms. Hogan:

In response to your request for tax information regarding the above-referenced taxpayer, the following is provided:

A search of our records does not indicate any outstanding tax warrants under the name and identification number given.

If you have questions regarding your request, please call (518) 530-4362.

Sincerely,

A handwritten signature in black ink that reads "Thomas Engel". The signature is written in a cursive style with a large, circular flourish at the end.

Thomas Engel
Income Tax Technician

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #324 Webster Towne Center 913 Holt Road Webster, NY 14580</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 585-872-0750</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured [REDACTED] Security Number</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Name of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Evan Lane* 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.



Workers' Compensation Board

CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
 ULTA 3 COSMETICS & SALON INC
 1000 REMINGTON BLVD STE 120
 BOLINGBROOK, IL 60440

1b. Business Telephone Number of Insured
 (830) 410-4730

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)

1c. Federal Employer Identification Number of Insured or Social Security Number
 [REDACTED]

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)

NY DEPARTMENT OF STATE
 ONE COMMERCE PLAZA
 99 WASHINGTON AVE
 ALBANY, NY 12201

3a. Name of Insurance Carrier

New York State Insurance Fund (NYSIF)

3b. Policy Number of Entity Listed in Box "1a"

3c. Policy Effective Period

05/01/1996 to 07/01/2018

4. Policy provides the following benefits:

- A. Both disability and paid family leave benefits
- B. Disability benefits only
- C. Paid family leave benefits only

5. Policy covers:

- A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law
- B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 5/24/2018

By

[Signature]

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332

Name and Title Melissa Jensen, Acting Head of Disability Insurance Unit

IMPORTANT: If Box 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____

By _____

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____

Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

Dacier, J.C. (LABOR)

From: Dacier, J.C. (LABOR)
Sent: Monday, July 16, 2018 12:34 PM
To: 'clhogan@littler.com'
Subject: your client Ulta Salon Cosmetic Fragrance, Inc. request for variance to pay manual workers bi-weekly

Ms. Hogan:

I am working on your client's application. Looks like it will probably receive approval. But there are a few details missing.

We need to know:

- a) the number of NYS employees on payroll at the end of the last payroll in June 2018;
- b) the number of NYS employees on payroll at the end of the last payrolls in June 2015, June 2016 & June 2017;
- c) the average number of employees outside of NYS over the course of the last three years dating back from the last payroll in June 2018.

Your client provide a statement about the number of workers employed in his affidavit, but we need figures that are a little more precise.

Thank you for handling this matter on your client's behalf.

Respectfully yours,

Mr. J.C. Dacier
Supervising Investigator
(Investigative Officer 3)
Permits & Certificates Unit
NYS Dept. of Labor
Room 185B Building 12
State Office Campus
Albany, NY 12240

j.c.dacier@labor.ny.gov
518-485-6334 (direct)

EXHIBIT A



Littler Mendelson, P.C.
900 Third Avenue
New York, NY 10022.3298

December 4, 2017

Christine L. Hogan
212.583.2676 direct
212.583.9600 main
212.898.1118 fax
chogan@littler.com

NYS Department of Labor
Building 12
W.A. Harriman Campus
Albany, NY 12240

**Re: Request for Biweekly Payment Schedule Pursuant to
Labor Law Section 191.1(ii)**

To Whom It May Concern:

On behalf of our client, Ulta, we write pursuant to New York State Labor Law 191.1(ii) to request that the Company be permitted to pay manual workers on a biweekly rather than a weekly basis.

Enclosed is the Affidavit of Michael Castrogiovani, Ulta's Payroll Director, attesting to the relevant facts and submitting documentary proof in support of the Company's request for a Section 191.1(ii) waiver.

Please do not hesitate to contact me at (212) 583-2676 if you have any questions or require further information.

Respectfully submitted,



Christine L. Hogan

Encl.

cc: Jeong Lee, Senior Labor Standards Investigator (via e-mail)

10. For all the above reasons, on behalf of Ulta, I respectfully ask that the New York Department of Labor, Division of Labor Standards, grant Ulta's request to pay its manual workers in New York State on a bi-weekly basis.

11. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Michael Castrogiovani

MICHAEL CASTROGIOVANI

Sworn to before me this

1st day of December, 2017

Lori M. Bradbury

Notary Public



EXHIBIT 1

EXHIBIT 2

REG

REG

REG

REG

REG

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REG

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REG

PERSONNEL
 2775 South Shore Blvd.
BARCELONA, MISSISSIPPI
 File: 000401
 Dept: 000401
 Check: 02491
 Rate: 9.0000

16.28 30
 414.09 C
 72.01 T

BENNETT, JENNY L
 File: [REDACTED]
 Dept: 000401
 Check: 01401
 Rate: 17.7500

77.50
 1,375.82
 505.98

BESSECHIA, LAUREN A
 File: [REDACTED]
 Dept: 000401
 Check: 01401
 Rate: 10.2500

23.34
 226.23
 1,375.82

BOBBELIAN, I
 File: [REDACTED]
 Dept: 000401
 Check: 01401
 Rate: 11.0000

21.17
 232.67
 232.67

CAPECE, REBECCA
 File: [REDACTED]
 Dept: 000401
 Check: 01401
 Rate: 10.2500

32.33
 331.35
 331.35

204.85
 2231467
 294.34

1,662.82
 2231468
 294.34

APR Payroll Register
ULTA SALON
 Company Code: LPQ
 Batch: 5276-080 Period Ending: 11/04/2017 Week 45
 Service Center: 080 Pay Date: 11/09/2017 Page 608

RECEIVED
 FLORES, SAIBERRA M
 File: [REDACTED]
 Dept: 000401
 Code: 01401
 Rate: 10.2500

22.50
 230.03

230.03

230.03

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230.03 N - E 401K
 230.03 N - E 401K

RECEIVED
 GONZALEZ, CIARA L
 File: [REDACTED]
 Dept: 000401
 Code: 01401
 Rate: 11.0000

24.34
 267.74

267.74

267.74

267.74

267.74

267.74

RECEIVED
 GOULD, KRISTY
 File: [REDACTED]
 Dept: 000401
 Code: 02401
 Rate: 9.7000

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 360.55

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Payroll Register

ULTA SALON
 Company Code: LPQ

Batch: 5276-060 Period Ending: 11/04/2017 Week 45
 Service Center: 060 Pay Date: 11/09/2017 Page 610

REGIONS VOLUNTARY REDUCTIONS VOLUNTARY REDUCTIONS

EMPLOYEE	REGIONS	REGIONS	REGIONS	REGIONS	REGIONS	REGIONS	REGIONS
HOLLISMAN File: 000401 Dept: 01401 Check: 20.2600 Rate: 20.2600	8.57	135.13					Voucher 51657 .00
MCLEKOSTEN File: 000401 Dept: 01401 Check: 19.5599 Rate: 19.5599	19.17	202.24					Voucher 51658 .00
LOARTEASERON T File: 006401 Dept: 01401 Check: 10.0000 Rate: 10.0000	33.68	336.80					Voucher 51659 .00
MCCORMACK, MOLLY File: 000401 Dept: 01401 Check: 14.7000 Rate: 14.7000	55.00	605.50					Voucher 51660 .00
MICHAELSTEIN, STAMMON File: 000401 Dept: 01401 Check: 10.6000 Rate: 10.6000	24.83	264.69					Voucher 51661 .00
MUSUMECA, JENNIFFER MARIE File: 000401 Dept: 01401 Check: 13.7900 Rate: 13.7900	43.90	599.37					Voucher 51662 Voucher .00

REG

Batch: 5276-060 Period Ending: 11/04/2017 Week 45
 Service Center: 060 Pay Date: 11/09/2017 Page 611

ULTA SALON
 Company Code: LPQ

ADP Payroll Register

STATUTORY DEDUCTIONS

STATUTORY DEDUCTIONS

STATUTORY DEDUCTIONS

STATUTORY DEDUCTIONS

STATUTORY DEDUCTIONS

STATUTORY DEDUCTIONS

STATUTORY DEDUCTIONS

EMPLOYEE	EMPLOYEE ID	EMPLOYEE NAME	EMPLOYEE ADDRESS	EMPLOYEE CITY	EMPLOYEE STATE	EMPLOYEE ZIP	EMPLOYEE PHONE	EMPLOYEE FAX	EMPLOYEE EMAIL	EMPLOYEE STATUS	EMPLOYEE TYPE	EMPLOYEE RATE	EMPLOYEE HOURS	EMPLOYEE GROSS	EMPLOYEE NET	EMPLOYEE TAXES	EMPLOYEE DEDUCTIONS	EMPLOYEE CHECKS	EMPLOYEE VOUCHERS
SCIANCARELLO, VITTORIA														1,009.42					
SOTO, JAIGE																			
STELLUTO, DESREE																			
TRIVISANI, KRISKA																			
VANDUNK, STONEY																			

REC

Batch : 5276-060 Period Ending : 11/04/2017 Week 45
Service Center : 060 Pay Date : 11/09/2017 Page 913

ULTA SALON
Company Code: LPQ

ADP Payroll Register

REG

EMPLOYEE	HOURS	EARNINGS	DEDUCTIONS	GROSS	NET PAY
WALLACE, CHELSEA Emp: 000401 Dept: 01401 Rate: 15.0000	56.00	840.00	214.20 T	1,054.20	840.00
WALSH, BETH ANN Emp: 000401 Dept: 02401 Rate: 0.0000	72.68 C	73.14 39 1,974.69 C	472.00 T	2,520.03	2,048.03
WISSEMAN, ELIZABETH Emp: 000401 Dept: 01401 Rate: 20.0000	78.83	1,576.60		1,576.60	1,576.60
WYBERT, JANE E Emp: 000401 Dept: 01401 Rate: 10.2500	7.34	75.24		75.24	75.24

ADP Payroll Register **ULTA SALON** **Batch : S276-060** **Period Ending : 11/04/2017** **Week 45**
 Company Code: LPQ Service Center : 060 Pay Date : 11/09/2017 Page 614

EXHIBIT 3

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured Ulta Beauty, Inc. 1000 Remington Blvd. Suite 120 Bolingbrook, IL 60440 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 331-253-3732 1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) New York State Insurance Fund 1 Watervliet Ave ext. Albany, NY 12206-1649	3a. Name of Insurance Carrier Arch Indemnity Insurance Company 3b. Policy Number of entity listed in box "1a" [REDACTED] 3c. Policy effective period 05/31/17 - 05/31/18 3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Cori Maloney
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Cori Maloney 11/28/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312.601.8485

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

EXHIBIT 4



New York State Insurance Fund

DISABILITY BENEFITS INSURANCE

1 WATERVLIET AVE EXT., ALBANY, NY, 12206-1649

Any questions, Call 1-866-687-4332

DB 2934 67-8 [14707-01][DBLBILLS-DBIL1#][01-00103]

ULTA 3 COSMETICS & SALON INC
PAYROLL DEPARTMENT
1000 REMINGTON BLVD STE 120
BOLINGBROOK IL 60440

Table with 6 columns: Policy Number, Group Number, Bill Number, Bill Date, Minimum Amount Due, and By. Values include 53971232, 09/01/2017, \$1,502.94, and 09/30/2017.

Summary table with 6 columns: Previous Balance, Payments Received, Other Credits, New Charges, Other Debits, Current Balance. Values include \$22,704.57, \$40,210.90CR, \$0.00, \$19,488.72, \$0.00, and \$1,982.39.

See reverse side for Important Information
Activity Period - 09/02/2016 to 09/01/2017

Main transaction table with columns: Transaction Date, Reference #, Payment/Credit Status, Charges, Credits. Includes rows for Previous Balance, Payment Received, and New Charges (Installment 4, 5, 6).

>Your current Total Account Balance is \$13,526.45. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.

To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below. Include policy number on your check.



REMITTANCE SLIP



Pay your bill at nysif.com or call 1-877-309-6028
eCHECK - no service fee
Credit card - 2.5% convenience fee by Official Payments

Policy No. [Redacted]

Current Balance: \$1,982.39 Insured:

Minimum Amount Due: \$1,502.94 ULTA 3 COSMETICS & SALON INC

Date Due: 09/30/2017 PAYROLL DEPARTMENT
1000 REMINGTON BLVD STE 120
BOLINGBROOK IL 60440

Payment Enclosed: \$ 13,526.45

Return to:

NYSIF Disability Benefits
PO Box 5239
New York, NY 10008-5239

CHECK BOX FOR CHANGE OR CORRECTION OF NAME OR ADDRESS
ENTER CHANGE ON REVERSE SIDE





1 WATERVLIET AVE EXT., ALBANY, NY, 12206-1649

Any questions, Call 1-888-876-5790

DB 2934 67-8

ULTA 3 COSMETICS & SALON INC
PAYROLL DEPARTMENT
1000 REMINGTON BLVD STE 120
BOLINGBROOK IL 60440

Policy Number

Group Number
DBL

Bill Number
53971232

Bill Date
09/01/2017

Minimum Amount Due

\$1,502.94
By 09/30/2017

Previous Balance
\$22,704.57

Payments Received
\$40,210.80CR

Other Credits
\$0.00

New Charges
\$19,488.72

Other Debits
\$0.00

Current Balance
\$1,982.39

Activity Period - 09/02/2016 to 09/01/2017

Transaction Date	Reference #	New Charges	Charges	Credits
January 03, 2017	686895	Installment 7 of 11 (07/01/2016)	\$979.82	
February 01, 2017	707403	Installment 8 of 11 (07/01/2016)	\$979.82	
March 01, 2017	728088	Installment 9 of 11 (07/01/2016)	\$979.82	
April 03, 2017	751537	Installment 10 of 11 (07/01/2016)	\$979.82	
May 01, 2017	772442	Installment 11 of 11 (07/01/2016)	\$979.85	
May 17, 2017	792581	Renewal Pol. 1/12th Down Payment (07/01/2017 to 07/01/2018)	\$1,442.38	
July 03, 2017	845130	Installment 1 of 11 (07/01/2017)	\$1,443.01	
August 01, 2017	873319	Installment 2 of 11 (07/01/2017)	\$1,443.01	
September 01, 2017	901728	Payroll Report Statement (07/01/2016 to 07/01/2017)	\$5,876.72	
September 01, 2017	904753	Installment 3 of 11 (07/01/2017)	\$1,443.01	

Check Inquiry Summary



Account Number: [REDACTED]
Account Name: ULTA SALON COSMETICS AND FRAGRANCES INC
Bank ID: [REDACTED]

ULTA SALON COSMETICS & FRAGRANCES, INC.
1150 RIVINGTON BLVD., 1ST FL.
ROCKY HILL, CT 06449

DB 2934 67-8

70-2328
719

Check No.
593110
Sep 19, 2017

PAY ***THIRTEEN THOUSAND FIVE HUNDRED TWENTY-SIX AND 45/100 DOLLARS*
*****13,526.45*

ULTA Salon, Cosmetics & Fragrances, Inc.

To the Order of
NYSIF - DBL
ONE WATERLYNET AVENUE EXT
ALBANY, NY 12206

Christy Best

For Deposit Only

10179927 0303128 1004

Check Details

Check Number: 593110	Amount: 13,526.45
Account Number: [REDACTED]	Posted Date: 09/28/2017
Account Name: ULTA SALON COSMETICS AND FRAGRANCES INC	Paid Date: 09/28/2017
Bank ID: [REDACTED]	

Check Inquiry Summary



Account Number: [REDACTED]

Account Name: ULTA SALON COSMETICS AND FRAGRANCES INC

Bank ID: [REDACTED]

Electronic Endorsement Information

BOFD - Bank Of First Deposit

Bank Name: BANK OF AMERICA, NA (BOFD)

Date: 09/27/2017

R/T: 111310346

Sequence Number: [REDACTED]

EXHIBIT B

EXHIBIT C

New York State Department of Labor
Harriman State Office Campus
Building 12, Room 266A, Albany, NY 12240
www.labor.ny.gov
518-457-1942

RELEASE FORM – DISCLOSURE INFORMATION

Pursuant to the request, initiated by

Ulta Salon, Cosmetics & Fragrance, Inc.
(Please print legal name of **EMPLOYER**)

to pay its manual workers on a biweekly or semimonthly basis,

1. Chris Lialios
(Please print **NAME** of responsible officer signing release form)

VP Controller
(Please print **TITLE** of responsible officer signing release form)

hereby authorize the Division of Unemployment Insurance to disclose to the Permit and Certificate Unit of the Division of Labor Standards of New York State Department of Labor its record, if any, of said employer's Unemployment Insurance tax liabilities.

[Redacted] Federal Employer Identification Number (FEIN)

[Redacted] Unemployment Insurance Employer Registration Number (ER#)
(ER#)

Chris Lialios
Signature

5-25-18
Date



EXHIBIT D

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Worker's Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits, and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #54 Levittown Mews 3377 Hempstead Turnpike Levittown, NY 11756</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 516-579-5163</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) Ulta Salon, Cosmetics & Fragrance, Inc. 2005 Smith Haven Plaza Lake Grove, NY 11755 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured 631-979-3473 1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured [REDACTED]
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201	3a. Name of Insurance Carrier Arch Indemnity Insurance Company 3b. Policy Number of entity listed in box "1a" [REDACTED] 3c. Policy effective period 05/31/17 - 05/31/18 3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

C-105.2 (9-07)

www.wcb.state.ny.us

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #66 Gateway Plaza 499 Sunrise Highway Patchogue, NY 11772</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 631-758-4603</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) Ulla Salon, Cosmetics & Fragrance, Inc. Store #68 King Kullen Plaza 78 Veterans Memorial Highway Commack, NY 11725 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured 631-499-2639 1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured [REDACTED] Security Number
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201	3a. Name of Insurance Carrier Arch Indemnity Insurance Company 3b. Policy Number of entity listed in box "1a" [REDACTED] 3c. Policy effective period 05/31/17 - 05/31/18 3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> Included. (Only check box if all partners/officers included) Check all that apply): <input type="checkbox"/> all excluded or certain partners/officers excluded.

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Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #214 The Shoppes at Orange Plaza 444 Route 211 East Middletown, NY 10940</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 845-344-1997</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Filing Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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(Print name of authorized representative or licensed agent of insurance carrier)

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(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: **312 601 8485**

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #309 New Hartford Consumer Square u4733 Commercial Dr. New Hartford, NY 13413</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 315-768-7864</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> Included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #310 McKinley Mall 3701 McKinley Parkway, Suite 202 Buffalo, NY 14219</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 716-826-2152</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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(Print name of authorized representative or licensed agent of insurance carrier)

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(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: **312 601 8485**

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #319 Market Place Square 720 Jefferson Road, Suite 100 Rochester, NY 14623</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 585-292-1250</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
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Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #332 Boulevard Consumer Square 1701 Niagara Falls Blvd, Suite 100 Albany, NY 14228</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 708-836-0658</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: **312 601 8485**

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #393 Southern Tier Crossing 1520 County Road 64 Horseheads, NY 14845</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 607-796-2769</p> <p>1c. NYS Unemployment Insurance Employer Identification Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> Included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #396 Fairmount Fair 3541 W. Genesee Street Syracuse, NY 14845</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 607-796-2769</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>[REDACTED] of entity listed in box "1a"</p> <p>3b. Policy Effective Period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #401 Harriman Commons 128 Bailey Farm Road Monroe, NY 10950</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 845-783-3544</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #483 Rego Center 61-35 Junction Blvd, MailBox # A13 Rego Park, NY 11374</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 718-699-9004</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> Included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: **312 601 8485**

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #511 Towne Center at Watertown 21835 Towne Center Drive Watertown, NY 13601</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 315-785-1013</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: **Underwriter**

Telephone Number of authorized representative or licensed agent of insurance carrier: **312 601 8485**

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #543 Town Square Mall 2417 Vestal Parkway East Vestal, NY 13850</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 607-797-3069</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> Included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #544 The Gallery at Westbury Plaza 990 Old Country Road Garden City, NY 11530</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 516-794-7416</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> Included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #569 Huntington Shopping Center 350 Route 110 Huntington, NY 11746</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 631-271-2817</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured [REDACTED] Security Number</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #594 Port Chester Shopping Center 445 Boston Post Road Port Chester, NY 10573</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 914-937-1430</p> <p>1c. NYS Unemployment Insurance Employer Identification Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Name of Entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #616 Rivertowns Square 16 Lawrence Street Dobbs Ferry, NY 10522</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 914-591-4539</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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Approved by: Evan Lane 06/22/17
(Signature) (Date)

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) Ulta Salon, Cosmetics & Fragrance, Inc. Store #617 Bricktown Center 245 Bricktown Way Staten Island, NY 10309 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1b. Business Telephone Number of Insured 718-554-4634 1c. NYS Unemployment Insurance Employer Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201	3a. Name of Insurance Carrier Arch Indemnity Insurance Company 3b. Policy Number of entity listed in box "1a" [REDACTED] 3c. Policy effective period 05/31/17 - 05/31/18 3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #694 Sunrise Promenade 5252 Sunrise Highway Massapequa Park, NY 11762-2907</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 516-541-4670</p> <p>1c. NYS Unemployment Insurance Employer [REDACTED] Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #714 Westfield South Shore Mall 1701 Sunrise Highway Bay Shore, NY 11706-6091</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 631-666-0706</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #718 Shops at Atlas Park 71 - 03 80th Street Glendale, NY 11385</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 718-326-4968</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #735 Victor Crossing 417 Commerce Dr. Victor, NY 14564</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 585-924-8098</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured [REDACTED]</p> <p>1e. Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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(Signature) (Date)

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #1014 Destiny USA 1 Destiny USA Drive Syracuse, NY 13204</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 315-476-1237</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Evan Lane* 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) Ulta Salon, Cosmetics & Fragrance, Inc. Store #1025 Wilton Mall 3065 Route 50, Space B100 Saratoga Springs, NY 12866 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured 518-581-8026 1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201	3a. Name of Insurance Carrier Arch Indemnity Insurance Company 3b. Policy Number of entity listed in box "1a" [REDACTED] 3c. Policy effective period 05/31/17 - 05/31/18 3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.

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(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #1039 Mall at Bay Plaza 200 Baychester Avenue Bronx, NY 10475-4575</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 718-862-4024</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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Telephone Number of authorized representative or licensed agent of insurance carrier: **312 601 8485**

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) Ulta Salon, Cosmetics & Fragrance, Inc. Store #1057 The Shops At Ithaca Mall 40 Catherwood Road Ithaca, NY 14850 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 607-257-2361 1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201	3a. Name of Insurance Carrier Arch Indemnity Insurance Company 3b. Policy Number of entity listed in box "1a" [REDACTED] 3c. Policy effective period 05/31/17 - 05/31/18 3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #1103 Post Road Plaza 2532 South Road (U.S. Route 9) Poughkeepsie, NY 12601</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 845-432-3608</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #1120 Mohawk Commons 400 Balltown Rd., Space 3 Schenectady, NY 12304</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 518-344-7023</p> <p>1c. NYS Unemployment Insurance Employer Identification Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
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WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #1187 Kingston Mall 440 Kings Mall Court Kingston, NY 12401</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 845-336-5120</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) Ulta Salon, Cosmetics & Fragrance, Inc. Store #1192 LaSalle Center 1520 Military Road, Suite 180 Niagara Falls, NY 14304 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured 716-297-3432 1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201	3a. Name of Insurance Carrier Arch Indemnity Insurance Company 3b. NYS Unemployment Insurance Employer Registration Number of Entity listed in box "1a" [REDACTED] 3c. Policy effective period 05/31/17 - 05/31/18 3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: **312 601 8485**

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) Ulta Salon, Cosmetics & Fragrance, Inc. Store #1209 Green Acres Commons 750 West Sunrise Hwy, #125 Valley Stream, NY 11582 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured 516-825-1340 1c. NYS Unemployment Insurance Employer Identification Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured [REDACTED] [REDACTED] Social Security Number
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201	3a. Name of Insurance Carrier Arch Indemnity Insurance Company 3b. Policy Number of entity listed in box "1a" [REDACTED] 3c. Policy effective period 05/31/17 - 05/31/18 3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

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Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: **312 601 8485**

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) Ulta Salon, Cosmetics & Fragrance, Inc. Store #1283 Jefferson Valley Mall 650 Lee Blvd, Suite C12 Yorktown Heights, NY 10598 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 914-962-2635 1c. NYS Unemployment Insurance Employer Identification Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201	3a. Name of Insurance Carrier Arch Indemnity Insurance Company 3b. Policy Number of entity listed in box "1a" [REDACTED] 3c. Policy effective period 05/31/17 - 05/31/18 3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> Included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: **Underwriter**

Telephone Number of authorized representative or licensed agent of insurance carrier: **312 601 8485**

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc. Store #1313 Colonie Center 112 Colonie Center Albany, NY 12205</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 518-438-1642</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Arch Indemnity Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/17 - 05/31/18</p> <p>3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> Included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

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Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: 312 601 8485

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) Ulta Salon, Cosmetics & Fragrance, Inc. Store #1369 3409 Erie Blvd, East, Suite 130 Dewitt, NY 13214 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured (630.410.4800) 1c. NYS Unemployment Insurance Employer Identification Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured [REDACTED] [REDACTED] Security Number
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201	3a. Name of Insurance Carrier Arch Indemnity Insurance Company 3b. Policy Number of entity listed in box "1a" [REDACTED] 3c. Policy effective period 05/31/17 - 05/31/18 3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Evan Lane
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Evan Lane 06/22/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: **312 601 8485**

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured Ulta Beauty, Inc. 1000 Remington Blvd. Suite 120 Bolingbrook, IL 60440 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 331-253-3732 1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) New York State Insurance Fund 1 Watervliet Ave ext. Albany, NY 12206-1649	3a. Name of Insurance Carrier Arch Indemnity Insurance Company [REDACTED] of entity listed in box "1a" 3c. Policy effective period 05/31/17 - 05/31/18 3d. The Proprietor, Partners or Executive Officers are Check all that apply: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) Check all that apply: <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Cori Maloney
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Cori Maloney 11/28/17
(Signature) (Date)

Title: Underwriter

Telephone Number of authorized representative or licensed agent of insurance carrier: **312 601 8485**

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ultra Salon, Cosmetics & Fragrance, Inc Store #54, Levittown Mews 3377 Hempstead Turnpike Levittown, NY 11756</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 516-579-5163</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are **NOT** authorized to issue it.



Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc 2005 Smith Haven Plaza Lake Grove, NY 11755</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 631-979-3473</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.



Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #66, Gateway Plaza 499 Sunrise Highway Patchogue, NY 11772</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 631-758-4603</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Seth Smith* 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are **NOT** authorized to issue it.



Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ultra Salon, Cosmetics & Fragrance, Inc Store #68, King Kullen Plaza 78 Veterans Memorial Highway Commack, NY 11725</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 631-499-2639</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

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This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Seth Smith* 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #214, The Shoppes at Orange Plaza 444 Route 211 East Middletown, NY 10940</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 845-344-1997</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #309, New Hartford Consumer Square 4733 Commercial Drive New Hartford, NY 13413</p> <p>Work Location of Insured (<i>Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy</i>)</p>	<p>1b. Business Telephone Number of Insured 315-768-7864</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ultra Salon, Cosmetics & Fragrance, Inc Store #310, McKinley Mall 3701 McKinley Parkway, Suite 202 Buffalo, NY 14219</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 716-826-2152</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ultra Salon, Cosmetics & Fragrance, Inc Store #319, Market Place Square 720 Jefferson Road, Suite 100 Rochester, NY 14623</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 585-292-1250</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #324, Webster Towne Center 913 Holt Road Webster, NY 14580</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 585-872-0750</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ultra Salon, Cosmetics & Fragrance, Inc Store #332, Boulevard Consumer Square 1701 Niagara Falls Blvd, Suite 100 Albany, NY 14228</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 708-836-0658</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #393, Southern Tier Crossing 1520 County Road 64 Horseheads, NY 14845</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 607-796-2769</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are **NOT** authorized to issue it.



Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ultra Salon, Cosmetics & Fragrance, Inc Store #396, Fairmont Fair 3541 W. Genesee Street Syracuse, NY 14845</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 607-796-2769</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Seth Smith* 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #401, Harriman Commons 128 Bailey Farm Road Monroe, NY 10950</p> <p>Work Location of Insured <i>(Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 845-783-3544</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Seth Smith* 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ultra Salon, Cosmetics & Fragrance, Inc Store #483, Rego Center 61-35 Junction Blvd, Mailbox # A13 Rego Park, NY 11374</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 718-699-9004</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #511, Towne Center at Watertown 21835 Towne Center Drive Watertown, NY 13601</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 315-785-1013</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #543, Town Square Mall 2417 Vestal Parkway East Vestal, NY 13850</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 607-797-3069</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Seth A. Smith* 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ultra Salon, Cosmetics & Fragrance, Inc Store #544, The Gallery at Westbury Plaza 990 Old Country Road Garden City, NY 11530</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 516-794-7416</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #569, Huntington Shopping Center 350 Route 110 Huntington, NY 11746</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 631-271-2817</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #594, Port Chester Shopping Center 445 Boston Port Road Port Chester, NY 10573</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 914-937-1430</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Seth Smith* 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #616, Rivertowns Square 16 Lawrence Street Dobbs Ferry, NY 10522</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 914-591-4539</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named Insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are **NOT** authorized to issue it.



Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ultra Salon, Cosmetics & Fragrance, Inc Store #617, Bricktown Center 245 Bricktown Way Staten Island, NY 10309</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 718-554-4634</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/19/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300



Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #694, Sunrise Promenade 5252 Sunrise Highway Massapequa Park, NY 11762-2907</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 516-541-4670</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

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This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Seth Smith* 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are **NOT** authorized to issue it.



Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #714, Westfield South Shore Mall 1701 Sunrise Highway Bay Shore, NY 11706-6091</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 631-666-0706</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are **NOT** authorized to issue it.



Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #718, Shops at Atlas Park 71 - 03 80th Street Glendale, NY 11385</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 718-326-4968</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Uta Salon, Cosmetics & Fragrance, Inc Store #735, Victor Crossing 417 Commerce Drive Victor, NY 14564</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 585-924-8098</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

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Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #1014, Destiny USA 1 Destiny USA Drive Syracuse, NY 13204</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 315-476-1237</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

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This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #1025, Wilton Mall 3065 Route 50, Space B100 Saratoga Springs, NY 12866</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 518-581-8026</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

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This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #1039, Mall at Bay Plaza 200 Baychester Avenue Bronx, NY 10475-4575</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 718-862-4024</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Seth Smith* 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ultra Salon, Cosmetics & Fragrance, Inc Store #1057, The Shops at Ithaca Mall 40 Catherwood Road Ithaca, NY 14850</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 607-257-2361</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Seth Smith* 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are **NOT** authorized to issue it.



Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #1103, Post Road Plaza 2532 South Road (U.S. Route 9) Poughkeepsie, NY 12601</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 845-432-3608</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Approved by: *Seth Smith* 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #1120, Mohawk Commons 400 Balltown Rd., Space 3 Schenectady, NY 12304</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 518-344-7023</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-888-995-5300

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Workers' Compensation Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store # 1187, Kingston Mall 440 Kings Mall Court Kingston, NY 12401</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 845-336-5120</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Approved by: Seth A. Smith
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

Telephone Number of authorized representative or licensed agent of insurance carrier: 1-800-995-5300

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Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #1192, LaSalle Center 1520 Military Road, Suite 180 Niagara Falls, NY 14304</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 716-297-3432</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

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Workers' Compensation Board

**CERTIFICATE OF
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<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #1209, Green Acres Commons 750 West Sunrise Hwy., #125 Valley Stream, NY 11582</p> <p>Work Location of Insured (<i>Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy</i>)</p>	<p>1b. Business Telephone Number of Insured 516-825-1340</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Approved by: *Seth Smith* 05/10/2018
(Signature) (Date)

Title: Senior Vice President, WC Underwriting

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<p>1a. Legal Name & address of Insured (use street address only)</p> <p>Ulta Salon, Cosmetics & Fragrance, Inc Store #1283 Jefferson Valley Mall 650 Lee Blvd., Suite C12 Yorktown Heights, NY 10598</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 914-962-2635</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NY Department of State Division of Licensing Services One Commerce Plaza 99 Washington Ave Albany, NY 12201</p>	<p>3a. Name of Insurance Carrier Safety National Casualty Corporation</p> <p>3b. Policy Number of entity listed in box "1a" [REDACTED]</p> <p>3c. Policy effective period 05/31/2018 to 05/31/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

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Workers' Compensation Board

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(Signature) (Date)

Title: Senior Vice President, WC Underwriting

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MOSER LAW FIRM, P.C.

5 E. MAIN ST.
HUNTINGTON, NY 11743
(631) 824-0200

www.moserlawfirm.com

DEPARTMENT OF LABOR
RECEIVED
JUL 29 2020
COUNSEL'S OFFICE

Steven J. Moser, Esq.

steven.moser@moserlawfirm.com

July 27, 2020

Colleen C. Garner, Commissioner
New York State Department of Labor
W. Averell Harriman State Office Campus
Building 12, Room 500
Albany, New York 12240

RECEIVED
Office of the Commissioner of Labor
Albany, NY

JUL 29 2020

RE: Whole Foods Market Group, Inc.
Authorization to pay Manual Workers' Weekly

Dear Commissioner Garner:

I represent Derell Meynard in the case of *Scott v. Whole Foods Market Group, Inc.*, 18-cv-00086 (SJF)(AKT), currently pending in the United States District Court for the Eastern District of New York. That case alleges violations of the timely pay provisions of Labor Law § 191 with regard to manual workers employed by Whole Foods in the State of New York.

In the course of our investigation we learned that Whole Foods had applied for a waiver from the requirement to pay its manual workers weekly.¹ However, Whole Foods concealed from the New York State Department of Labor the material fact that throughout the 6 month pendency of its application for a waiver, it was actually paying its manual workers bi-weekly, in direct violation of New York Labor Law § 191.

In a letter dated December 22, 2011, it appears that Whole Foods suggested to the New York State Department of labor that it was actually paying workers in New York on a weekly basis. Whole Foods indicated that it was seeking the waiver to "secure business and cost efficiencies in accordance with its national practice to pay its employees bi-weekly." (000034-35). In fact, there were no business or cost efficiencies associated with the application because Whole Foods was already paying its New York employees bi-weekly.

A letter dated March 1, 2012 enclosing a certificate of disability insurance stated Whole Food's position that it had supplied "all of the information necessary. . . so that it may pay its manual employees on a bi-weekly basis." (000028) (emphasis supplied). Again, at the time of this letter, Whole Foods was paying its New York employees bi-weekly.

¹ Excerpts from waiver request and file obtained from the New York State Department of Labor, which was obtained pursuant to a FOIL request, are annexed hereto. References in this letter are to the bates stamp numbers to the right of the FOIL file number, FL-14-0832.

Whole Foods counsel indicated in a letter dated April 11, 2012 that despite the fact that a waiver had not yet been granted, "Whole Foods *will pay* its workers bi-weekly in accordance with its national practice" because Whole Foods "believe[d] that the file [was] now complete to support its application for a waiver." (000015) (emphasis supplied). The letter uses the future tense to say that it "will pay" workers bi-weekly. It would have been accurate to advise that Whole Foods was already been paying its workers bi-weekly.

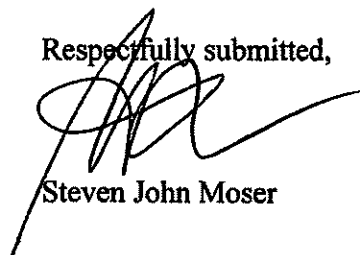
On April 17, 2012 Annemarie G. Culbertson, Sr. LSI summarized the information obtained from Whole Foods Market Group, Inc. in the course of the application for the waiver. (000017-18). According to Whole Foods, "*employees outside of New York State are being paid bi-weekly and it is costly to have New York State employees on a separate payroll.*" (emphasis supplied). Based upon this information, Ms. Culbertson recommended that the waiver be granted. To reiterate, as of this date, and throughout the application for the waiver, Whole Foods had actually been paying New York Workers bi-weekly. There was never a separate payroll which was costly to Whole Foods.

On April 27, 2020, the waiver was granted. (000001).

As you are aware, the decision to grant a waiver is discretionary. *See* NYLL § 191 (stating that "The commissioner may authorize an employer" to pay employees bi-weekly). In this case, it appears that the employer was not forthcoming about whether it was in compliance with NYLL § 191 during the application process. Instead, the employer walked a fine line and effectively misled the Department of Labor to believe that it had a costly "separate payroll" for New York employees.

In light of this information, I respectfully request that the waiver be revoked and voided *ab initio*. If you need any further information, please do not hesitate to contact me.

Respectfully submitted,



Steven John Moser

Encl.

CC: Proskauer Rose, LLP
Eleven Times Square
New York, NY 10036



December 22, 2011

Fredric C. Laffler
Senior Counsel
d 212.889.3570
f 212.889.2800
laffler@proskauer.com
www.proskauer.com

BY FEDERAL EXPRESS

Ms. Annemarie Culberson
Senior Labor Standards Investigator
New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, New York 12240

RECEIVED
NYS DEPARTMENT OF LABOR
ALBANY, NY
DEC 23 2011

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

Re: Whole Foods Markets
FEIN: [REDACTED]
NYS U No. [REDACTED]

Dear Ms. Culberson:

We are counsel to Whole Foods Markets Group Inc. ("Whole Foods" or "the Company"). Whole Foods seeks to apply for a waiver to the requirement that it pay its manual workers weekly as set forth in New York Labor Law § 191.1(a). Accordingly, pursuant to NYLL § 191.1(a)(ii), for all Whole Foods Market locations in New York State, the Company requests permission to pay all its manual employees on a bi-weekly basis.

The Company seeks this waiver from the weekly pay requirement in order to secure business and cost efficiencies in accordance with its national practice to pay its employees bi-weekly. In connection with the Company's application, in New York State it employs, today, roughly 3300 employees; in 2010, it employed, in New York State approximately 3300 employees; in 2009, it employed roughly 3000 employees, and in 2008, it employed roughly 2800 employees in New York State. Today, in the United States, Whole Foods employs approximately 62,000 employees and in 2010, it employed roughly 56,000 employees Company-wide. This total reflects Company growth, as Whole Foods employed approximately 51,700 employees in 2009, and 51,000 employees Company-wide in 2008. The Company routinely meets its payroll responsibilities in New York State and utilizes a computerized payroll recordkeeping system that specifies, at a minimum, hours worked, rate of pay, overtime hours, if any, overtime rate, gross wages, deductions, net wages, and date of pay for each employee.

FL-14-0832 000034

Proskauer»

Ms. Annemarie Culberson

December 22, 2011

Page 2

In support of its application, we are providing you with the following information:

- 1) Tab 1 – proof of current insurance from the Company's Workers Compensation and Disability Benefits Insurance carriers;
- 2) Tab 2 – executed disclosure information statement regarding unemployment insurance;
- 3) Tab 3 – copies of year-end payroll for 2008-2010, plus the third quarter for 2011 showing total numbers of employees;
- 4) Tab 4 – copies for one or two employees demonstrating computerized payroll system reflecting hours worked, rate of pay, deductions, gross and net pay, and date of pay; and
- 5) We are advised that Whole Foods' workers are not represented by any labor unions in New York.

Following your review of this information, please contact me if you have any questions or require additional information.

Very truly yours,


Fredric C. Lefler

Proskauer >

March 1, 2012

Fredric C. Leffer
Senior Counsel
d 212.689.2670
f 212.689.2900
leffer@proskauer.com
www.proskauer.com

VIA FEDERAL EXPRESS AND ELECTRONIC MAIL.

Ms. Annemarie Culberson
Senior Labor Standards Investigator
New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, New York 12240

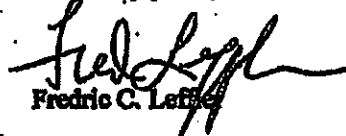
Re: Whole Foods Markets
FEIN: [REDACTED]
NYS UI No.: [REDACTED]

Dear Ms. Culberson:

We are counsel to Whole Foods Markets Group Inc. ("Whole Foods" or "Company"). Further to our earlier correspondence,¹ enclosed please find a copy of the Company's current Certificate of Insurance under the NYS Disability Benefits Law, along with the prior Certificate of Disability Insurance. With this final submission, we believe that Whole Foods has now supplied the New York State Department of Labor with all the information necessary pursuant to its request for a waiver under NYLL § 191.1(a)(f) so that it may pay its manual employees on a bi-weekly basis.

Please contact me in the event you have any additional comments or questions.

Very truly yours,


Fredric C. Leffer

¹ Previously, by letters dated October 19, 2011, December 22, 2011, and January 12, 2012, Whole Foods submitted information and documentation relevant to its waiver application.

Proskauer >>

April 11, 2012

Freddie C. Leffler
Senior Counsel
d 212.869.9570
f 212.869.2600
fleffler@proskauer.com
www.proskauer.com

VIA FEDERAL EXPRESS AND FACSIMILE (518-457-2731)

Ms. Annemarie Culberson
Senior Labor Standards Investigator
New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, New York 12240

Re: Whole Foods Markets
FEIN: [REDACTED]
NYS UI No.: [REDACTED]

Dear Ms. Culberson:

Per our recent correspondence and exchanges, enclosed please find a letter dated March 30, 2012 from Thomas Engel, New York State Tax and Finance Department, indicating that Whole Foods has no outstanding warrants. Accordingly, on behalf of our client, Whole Foods, we believe the file is now complete to support its application for a Waiver from the requirement that it pay its manual workers weekly. Instead, as explained previously, Whole Foods will pay its workers bi-weekly in accordance with its national practice.

Please let me know if you have any questions or require anything else in order for Whole Foods to be granted this Waiver.

Very truly yours,


Freddie C. Leffler

FCL/lp
Enclosure

FL-14-0832 000018

FL-22-0355 0375



New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

Date: April 17 2012

To: Carmine Ruberto, Director
From: Annemarie G. Culberson, Sr. LSI
Subject: Whole Foods Markets Group
Manual Worker Bi-Weekly/Semi-monthly Pay Period Approval

Attached please find the material the above named employer has submitted in support of its request to pay its manual workers no less frequently than semi-monthly

Based upon the information supplied by the employer:

The average number of workers it has employed in New York State in the three years preceding this request has exceeded 1000:

The firm maintains a computerized record-keeping system which specifies hours worked, rate of pay, gross and net wages, deductions and the date of pay.

It possesses Worker's Compensation as well as Disability Benefits Insurance:

There is no union involved with Whole Foods Market Group.

This company employs well over an average of 2500 employees in New York State and in excess of 56,000 employees nationwide. Those employees outside of New York State are being paid bi-weekly and it is costly to have New York State employees on a separate payroll. There is a computerized payroll system used for most of the employees, and it is not cost effective to have a different system for New York State employees only, so the company requests a variance to the law requiring manual workers to be paid weekly.

Unemployment Insurance has informed me that the outstanding warrants against Whole Foods Markets Group Inc. have been satisfied this date.

A letter from New York State Tax and Finance indicates that there are no outstanding warrants against the company.

Since it further appears that all other conditions enumerated in Article VI, Section 191.1a(ii) of the New York State Labor Law have been satisfied, I recommend that Whole Foods Markets Group, Inc. be granted approval to pay manual workers on a bi-weekly basis

W. Averell Harriman State Office Campus Bldg 12 Rm 266A Albany, NY 12240
Phone: (518) 457-1842 Fax: (518) 457-2731 E-mail: CPInfo@labor.state.ny.us
www.labor.state.ny.us
FL-14-0832 000017

Contact information is as follows:

**Patricia Yost, Assistant Secretary
Whole Foods Markets Group
550 Bowie Street
Austin, TX 78703**

**Fredric Leffler
Senior Counsel
Proskauer Rose LLP
Eleven Times Square
New York, NY 10036**



New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

April 27, 2012

Mr. Fredrick Leffler
Senior Counsel
Proskauer-Rose LLP
Eleven Times Square
New York, NY 10036

Dear Mr. Leffler:

This is in response to your recent correspondence on behalf of Whole Foods Markets Group to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Whole Foods Markets Group has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Whole Foods Markets Group to pay wages to its manual workers employed in New York State on a biweekly basis.

Sincerely,


Colleen C. Gardner

cc: Patricia Yost, Assistant Secretary
Whole Foods Markets Group
550 Bowie Street
Austin, TX 78703



New York State Department of Labor
Andrew M. Cuomo, *Governor*
Colleen C. Gardner, *Commissioner*

April 27, 2012

Mr. Fredrick Leffler
Senior Counsel
Proskauer Rose LLP
Eleven Times Square
New York, NY 10036

Dear Mr. Leffler:

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Sincerely,


Colleen C. Gardner

cc: Patricia Yost, Assistant Secretary
Whole Foods Markets Group
550 Bowie Street
Austin, TX 78703



Proskauer Rose LLP Eleven Times Square New York, NY 10036-8289

(212) 969-3000
(212) 969-2900

Date: April 11, 2012

Client-Matter: 76545-001

Total Pages (Including Cover): 4

From: Fredric C. Leffler

Sender's Voice Number: 212.969.3570

Sender's Email: fleffler@proskauer.com

Sender's Room Number: 1924

Main Fax Number: 212.969.2900

Fax Transmittal

To:	Ms. Annemarie Culberson	Fax No.:	(518) 457-2731
Company:	New York State Department of Labor	Voice No.:	

RECEIVED
NYS DEPARTMENT OF LABOR
ALBANY, NY

APR 11 2012

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

Confidentiality Note: This message is confidential and intended only for the use of the addressee(s) named above. It may contain legally privileged material. Dissemination, distribution or copying of this message, other than by such addressee(s), is strictly prohibited. If you have received this message in error, please immediately notify us by telephone and return the original to us at the address above. We will reimburse you for the cost of the telephone call and postage. Thank you.



April 11, 2012

Fredric C. Leffler
Senior Counsel
d 212.969.3670
f 212.969.2800
fleffler@proskauer.com
www.proskauer.com

VIA FEDERAL EXPRESS AND FACSIMILE (518-457-2731)

Ms. Annemarie Culberson
Senior Labor Standards Investigator
New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, New York 12240

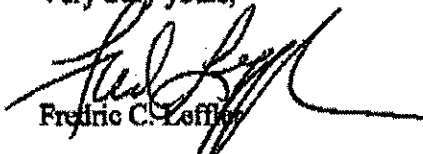
Re: Whole Foods Markets
FEIN: [REDACTED]
NYS I [REDACTED]

Dear Ms. Culberson:

Per our recent correspondence and exchanges, enclosed please find a letter dated March 30, 2012 from Thomas Engel, New York State Tax and Finance Department, indicating that Whole Foods has no outstanding warrants. Accordingly, on behalf of our client, Whole Foods, we believe the file is now complete to support its application for a Waiver from the requirement that it pay its manual workers weekly. Instead, as explained previously, Whole Foods will pay its workers bi-weekly in accordance with its national practice.

Please let me know if you have any questions or require anything else in order for Whole Foods to be granted this Waiver.

Very truly yours,


Fredric C. Leffler

FCL/lp
Enclosure



New York State Department of
TAXATION AND FINANCE
Office of Budget and Management Analysis
Disclosure and Government Exchange
W.A. Harriman Campus
Building 8, Room 708
Albany, NY 12227

March 30, 2012

Mr. Fredric C. Leffler
Proskauer Rose LLP
Eleven Times Square
New York, NY 10036-8299

Re: Whole Foods Markets

Dear Mr. Leffler:

In response to your request for tax information regarding the above-referenced taxpayer, the following is provided:

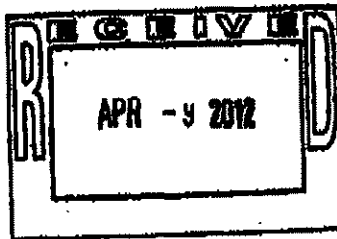
A search of our records does not indicate any outstanding warrants.

If you have any questions, I can be reached at (518) 485-8594.

Sincerely,

Thomas Engel
Income Tax Technician III

TE:ch



ENV-1 (6/86)

State of New York
Department of Taxation and Finance
W.A. Rorer-Campus
Albany NY 12227

From:

Disclosure Unit
Building 8, Room 700



1003682296 0032

8. All items must be submitted together in 1 mailing.

If you have further questions you may contact me between the hours of 8:30 AM and 4:30 PM.
as follows:

New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, NY 12240

Tel: 518-457-8014 (personal)
Tel: 518-457-1942 (office)
Fax: 518-457-2731

Very truly yours,

Annemarie Culberson
Senior Labor Standards Investigator



Proskauer Rose LLP Eleven Times Square New York, NY 10036-8299

t 212.969.3000
f 212.669.2900

Date: March 22, 2012

Client-Matter: 76545-001

Total Pages (Including Cover): 2

From: Fredric C. Leffler

Sender's Voice Number: 212.969.3570

Sender's Email: fleffler@proskauer.com

Sender's Room Number: 1924

Main Fax Number: 212.969.2900

Fax Transmittal

To:	Ms. Annemarie Culberson	Fax No.:	(518) 457-2731
Company:	New York State Department of Labor	Voice No.:	

RECEIVED
NYS DEPARTMENT OF LABOR
ALBANY, NY

MAR 22 2012

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

Confidentiality Note: This message is confidential and intended only for the use of the addressee(s) named above. It may contain legally privileged material. Dissemination, distribution or copying of this message, other than by such addressee(s), is strictly prohibited. If you have received this message in error, please immediately notify us by telephone and return the original to us at the address above. We will reimburse you for the cost of the telephone call and postage. Thank you.



Proskauer Rose LLP Eleven Times Square New York, NY 10036-8299

March 21, 2012

Fredric C. Leffler
Senior Counsel
t 212.969.3570
f 212.969.2900
fleffler@proskauer.com
www.proskauer.com

VIA FACSIMILE (1-518-485-0243) AND REGULAR MAIL

Mr. Tom Engel
New York State Department of Taxation and Finance
W. Averell Harriman State Office Campus – Bldg. 9
Albany, NY 12240

Re: Whole Foods Markets
FEIN [REDACTED]
NYS UI [REDACTED]

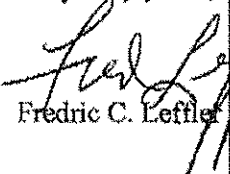
Dear Mr. Engle,

We are counsel to Whole Foods Markets Group, Inc. ("Whole Foods" or "the Company"). We seek a letter from the New York State Department of Taxation and Finance stating that Whole Foods has no outstanding warrants for failing to remit state personal withholdings.

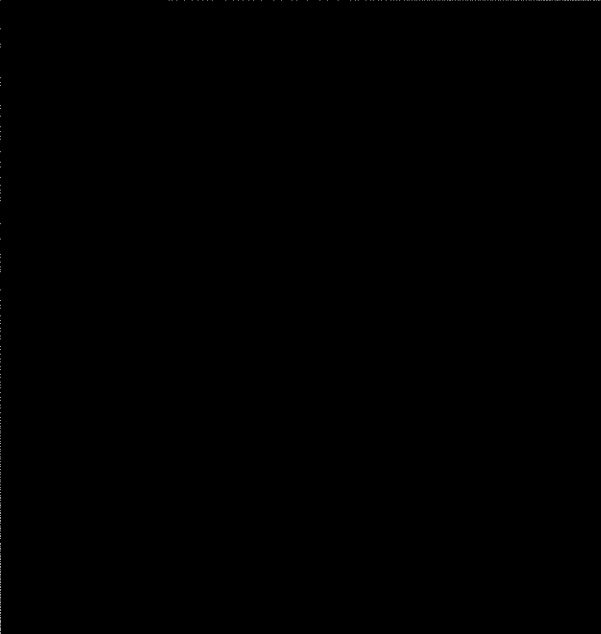
By way of background, Whole Foods is seeking a waiver from the New York State Department of Labor ("NYDOL") to the requirement that it pay its manual workers weekly. We submitted extensive information in support of the Company's application to Ms. Annemarie Culberson at the Division of Labor Standards, the New York Department of Labor. Ms. Culberson has now advised us that our file is complete except for a letter from your office indicating that Whole Foods has no outstanding warrants for failing to remit state personal withholdings.

Please send us such a letter and also copy Ms. Culberson at the NYSDOL, Bldg. 12-266A State Office Campus, Albany, NY 12240. (Fax No.: 518-457-2731). Your prompt attention to this matter would be very much appreciated.

Please contact me if you have any questions.

Very truly yours,

Fredric C. Leffler

Cc: Ms. Annemarie Culberson ✓
(Fax No. 518-457-2731)





New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

Mr. Fredric C. Leffler
Senior Counsel
Proskauer Rose LLP
11 Times Square
New York, NY 1036-8299

October 25, 2011

Dear Mr. Leffler:

Today I received your letter of October 19, 2011 whereby you request permission for your client (Whole Foods Market Group, Inc.) to pay its manual workers on a bi-weekly basis. The following is a list of instructions which must be followed for us to consider the request:

There is no form to fill out, nor is there a fee involved.

1. Please send a letter stating the necessity of paying the manual workers less frequently than weekly.
2. Please include in this letter the names and addresses of those labor unions (if any) representing the employees and a letter from a responsible union official expressing his/her concurrence with or objection to the requested new wage payment agreement.
3. Send proof of current insurance from the carrier of Workers' Compensation (form C-105.2 or U-26.3) and Disability Insurance (form C-120 or DB-155). The carrier will tell you which form is appropriate.
4. Contact Timothy Forbes, a technician with the New York State Department of Taxation and Finance. He will provide a letter stating that the employer has no outstanding warrant for failing to remit state personal withholdings. Ask for Leta Snover should Mr. Forbes be unavailable.
5. Fill out the attached word document which will allow us to verify that no unemployment insurance taxes are owed.
6. Send a copy of the last payroll (sample of 1 or 2 employees is ample) so that we may see that you have a computerized payroll system showing the hours worked, rate of pay, deductions, gross and net pay and date of pay.
7. Send us a copy of the year end payroll for the past 3 years showing the total number of employees for each year.

Albert Hood

Bi-Weekly Payroll Checklist

- ◇ Complete application, including FEIN
- ◇ Reason why variance is needed
- ◇ # of employees on the payroll in NYS at the end of a pay period from last month and from pay periods 12 months, 24 months and 36 months earlier *or* the # of all employees on the payroll in NYS at the end of a pay period from last month and from the pay period 12 months earlier *and* the average # of employees outside NYS during the last 3 years
- ◇ Proof of coverage for WC/DB, including effective dates and names of insurers providing coverage
- ◇ Proof that the employer has a computerized payroll record-keeping system that specifies hours worked, rate of pay, gross wages, deductions and date of pay for each employee
- ◇ *Release Form – Disclosure Information* authorizing UI to disclose its record, if any, of the employer's UI tax liabilities, along with the FEIN and UI Employer Registration #
- ◇ Certifying letter from the NYS Dept. of Taxation & Finance that there are no outstanding warrants against the employer for failure to remit state Personal Income Tax withholdings
- ◇ If employees are represented by a labor union, employer must present either a letter from an appropriate union official attesting to the fact that it consents to the requested pay period extension *or* a copy of the current contract in which a bi-weekly or semi-monthly pay period has been agreed upon



STATE OF NEW YORK
DEPARTMENT OF LABOR

www.labor.state.ny.us

4/12/12

DATE: 3/8/12

TELEFAX TRANSMITTAL FORM

PLEASE DELIVER TO: Mark Knox - Supervising Labor Standards Investigator
Annemarie Culberson - Senior Labor Standards Investigator
Division of Labor Standards, Permit and Certificate Unit

OFFICE NAME AND ADDRESS: NYS Department of Labor, State Office Campus,
Bldg. 12 Room 266A, Albany, NY 12240

FLOOR: 2nd ROOM: 266A PHONE NO: (518) 457-1942 FAX NO: (518) 457-2731

FROM: Arthur F. Doff, Tax Compliance Agent 31, Central Assignment and Control (CAC3), UI
Name

State Office Campus Building 12, Room 266, Albany, NY 12240

Office Location

PHONE NO: (518) 457- 1737

FAX NO.: (518) 457-3258

SUBJECT: WHOLE FOODS MARKET GROUP, INC.
(EMPLOYER NAME) NYS OLF 36-75876-6 FEIN 52-1711175

- THERE ARE NO OUTSTANDING LIABILITIES
- THERE ARE OUTSTANDING LIABILITIES

PLEASE CALL ME

SIGNATURE

Arthur F. Doff

DATE

4/12/12

ARTHUR F DOFF
(PRINTED NAME)

TCA 3

NUMBER OF PAGES BEING TRANSMITTED: _____ (including cover sheet)

This communication is intended only for the use of the named addressee and may contain information which is privileged, confidential and/or exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you receive this communication in error, please notify me immediately by telephone to arrange the immediate return of the communication.



New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

RELEASE FORM - DISCLOSURE INFORMATION

Pursuant to the request, initiated by Whole Foods Market Group, Inc.
(Please print legal name of EMPLOYER)

to pay its manual workers on a biweekly or semimonthly basis,

i, Patricia Yost
(Please print NAME of responsible officer signing release form)

Asst. Secretary
(Please print TITLE of responsible officer signing release form)

hereby authorize the Division of Unemployment Insurance to disclose to the Division of Labor Standards its record, if any, of said employer's Unemployment Insurance tax liabilities.



_____ Federal Employer Identification Number (FEIN)



_____ Unemployment Insurance Employer Registration Number (ER#)

[Signature]
Signature
11/28/11
Date

COPY
Check Rec'd
4/17/2012

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND-NOT A WHITE BACKGROUND

CHECK DATE
04/16/12

PROSKAUER ROSE LLP
11 Times Square
New York, NY 10036-8299

CHECK NO. **4209**
1-8/210 280

CITIBANK AS OF 11/11
CITIBANK CENTER
153 EAST 53RD STREET

OPERATING ACCOUNT
CHECK AMOUNT

\$50.00

FIFTY AND 00/100 DOLLARS

PAY
TO THE
ORDER OF

NYS UNEMPLOYMENT INSURANCE TAX



Peter E Casey



AQT,

I called Anne Marie
to advise her. she needs you to approve.

Tam



April 11, 2012

Fredric C. Leffler
Senior Counsel
d 212.969.3570
f 212.969.2900
fleffler@proskauer.com
www.proskauer.com

VIA FEDERAL EXPRESS AND FACSIMILE (518-457-2731)

Ms. Annemarie Culberson
Senior Labor Standards Investigator
New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, New York 12240

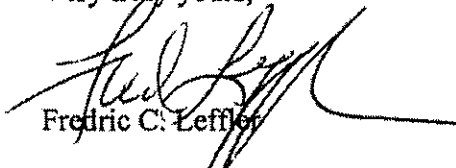
Re: Whole Foods Markets
FEIN: [REDACTED]
NYS U. [REDACTED]

Dear Ms. Culberson:

Per our recent correspondence and exchanges, enclosed please find a letter dated March 30, 2012 from Thomas Engel, New York State Tax and Finance Department, indicating that Whole Foods has no outstanding warrants. Accordingly, on behalf of our client, Whole Foods, we believe the file is now complete to support its application for a Waiver from the requirement that it pay its manual workers weekly. Instead, as explained previously, Whole Foods will pay its workers bi-weekly in accordance with its national practice.

Please let me know if you have any questions or require anything else in order for Whole Foods to be granted this Waiver.

Very truly yours,


Fredric C. Leffler

FCL/lp
Enclosure

FL-22-0355 0393



New York State Department of
TAXATION AND FINANCE
Office of Budget and Management Analysis
Disclosure and Government Exchange
W.A. Harriman Campus
Building 8, Room 700
Albany, NY 12227

March 30, 2012

Mr. Fredric C. Leffler
Proskauer Rose LLP
Eleven Times Square
New York, NY 10036-8299

Re: Whole Foods Markets

Dear Mr. Leffler:

In response to your request for tax information regarding the above-referenced taxpayer, the following is provided:

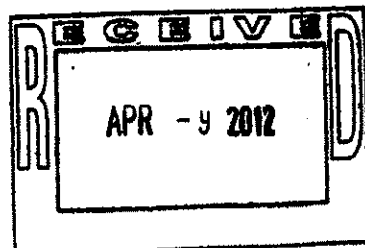
A search of our records does not indicate any outstanding warrants.

If you have any questions, I can be reached at (518) 485-8594.

Sincerely,

Thomas Engel
Income Tax Technician III

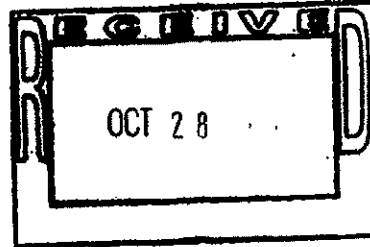
TE:ch





New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

Mr. Fredric C. Leffler
Senior Counsel
Proskauer Rose LLP
11 Times Square
New York, NY 1036-8299



October 25, 2011

Dear Mr. Leffler:

Today I received your letter of October 19, 2011 whereby you request permission for your client (Whole Foods Market Group, Inc.) to pay its manual workers on a bi-weekly basis. The following is a list of instructions which must be followed for us to consider the request:

There is no form to fill out, nor is there a fee involved.

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2. Please include in this letter the names and addresses of those labor unions (if any) representing the employees and a letter from a responsible union official expressing his/her concurrence with or objection to the requested new wage payment agreement.
3. Send proof of current insurance from the carrier of Workers' Compensation (form C-105.2 or U-26.3) and Disability Insurance (form C-120 or DB-155). The carrier will tell you which form is appropriate.
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6. Send a copy of the last payroll (sample of 1 or 2 employees is ample) so that we may see that you have a computerized payroll system showing the hours worked, rate of pay, deductions, gross and net pay and date of pay.
7. Send us a copy of the year end payroll for the past 3 years showing the total number of employees for each year.



New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

April 27, 2012

Mr. Fredrick Leffler
Senior Counsel
Proskauer Rose LLP
Eleven Times Square
New York, NY 10036

Dear Mr. Leffler:

This is in response to your recent correspondence on behalf of Whole Foods Markets Group to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Whole Foods Markets Group has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Whole Foods Markets Group to pay wages to its manual workers employed in New York State on a biweekly basis.

Sincerely,

Colleen C. Gardner

cc: Patricia Yost, Assistant Secretary
Whole Foods Markets Group
550 Bowie Street
Austin, TX 78703



New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

April 27, 2012

Mr. Fredrick Leffler
Senior Counsel
Proskauer Rose LLP
Eleven Times Square
New York, NY 10036

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The New York State Department of Labor has carefully reviewed the material submitted and determined that Whole Foods Markets Group has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Whole Foods Markets Group to pay wages to its manual workers employed in New York State on a biweekly basis.

Sincerely,

Colleen C. Gardner

cc: Patricia Yost, Assistant Secretary
Whole Foods Markets Group
550 Bowie Street
Austin, TX 78703

bc: Exec File



New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

Date: April 17 2012

To: Carmine Ruberto, Director
From: Annemarie G. Culberson, Sr.LSI
Subject: Whole Foods Markets Group
Manual Worker Bi-Weekly/Semi-monthly Pay Period Approval

Attached please find the material the above named employer has submitted in support of its request to pay its manual workers no less frequently than semi-monthly

Based upon the information supplied by the employer:

The average number of workers it has employed in New York State in the three years preceding this request has exceeded 1000:

The firm maintains a computerized record-keeping system which specifies hours worked, rate of pay, gross and net wages, deductions and the date of pay:

It possesses Worker's Compensation as well as Disability Benefits Insurance:

There is no union involved with Whole Foods Market Group.

This company employs well over an average of 2500 employees in New York State and in excess of 56,000 employees nationwide. Those employees outside of New York State are being paid bi-weekly and it is costly to have New York State employees on a separate payroll. There is a computerized payroll system used for most of the employees, and it is not cost effective to have a different system for New York State employees only, so the company requests a variance to the law requiring manual workers to be paid weekly.

Unemployment Insurance has informed me that the outstanding warrants against Whole Foods Markets Group Inc. have been satisfied this date.

A letter from New York State Tax and Finance indicates that there are no outstanding warrants against the company.

Since it further appears that all other conditions enumerated in Article VI, Section 191.1a(ii) of the New York State Labor Law have been satisfied, I recommend that Whole Foods Markets Group, Inc. be granted approval to pay manual workers on a bi-weekly basis

Contact information is as follows:

Patricia Yost, Assistant Secretary
Whole Foods Markets Group
550 Bowie Street
Austin, TX 78703

Fredric Leffler
Senior Counsel
Proskauer Rose LLP
Eleven Times Square
New York, NY 10036



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Paycheck Summary | [View Pay Check Summary](#)

Summary Information

EmpID: 1245200 Name: Alam, Masokul
 Company: 004 Pay Group: TR Pay Period End: 11/06/2011 Page: 196 Line: 2 Separate Check:

Paycheck Information				
Paycheck Status:	Confirmed	Paycheck Option:	Check	
Issue Date:	11/10/2011	Paycheck Number:	892660	
Off Cycle	Reprint	Adjustment	Corrected	Cashed

Paycheck Totals	
Earnings:	703.70
Taxes:	[REDACTED]
Deductions:	0.00
Net Pay:	565.43

Earnings

Find | View All First 1 of 1 Last

Begin Date: 10/24/2011 End Date: 11/06/2011 Add Line #: Reason: Not Specified

[Additional Data](#)

Salaried	
Hours:	0.00
Rate:	10.000000
Earnings:	0.00

Hourly	
Hours:	70.37
Rate:	10.000000
Earnings:	703.70
Rate Code:	

Overtime	
Hours:	0.00
Rate:	0.000000
Earnings:	0.00
Rate Code:	

Rate Used: Hourly Rate Shift: N/A Shift Rate:
 State: NY Locality: P0023 MTA PAYROLL TAX (MCTMT)

Other Earnings

[Customize](#) | [Find](#) | First 1 of 1 Last

Code	Description	Rate Code	Rate Used	Hours	Rate	Amount

Deductions

[Customize](#) | [Find](#) | First 1 of 1 Last

Code	Description	Class	Amount	Calculated Base

Taxes

[Customize](#) | [Find](#) | First 1-11 of 11 Last

Tax Entity	State	Resident	Locality	Locality Name	Tax Class	Taxable Gross	Tax Amount

[Return to Search](#) | [Previous in List](#) | [Next in List](#) | [Notify](#)

Work Location | Job Information | Job Labor | Payroll | Compensation

Masukul Alam EMP ID: 1245200

Work Location

HR Status: Active Payroll Status: Active Find First 1 of 1 Last Go To Row

*Effective Date: 08/19/2011 Sequence: 0 *Reason: New Hire *Job Indicator: Primary Job

*Action: Hire Termination Date: Current

Last Start Date: 08/19/2011 Position Entry Date:

Expected Job End Date: Department Entry Date: 08/19/2011

Position Number: United States

*Regulatory Region: USA Whole Foods Market Group Inc

Company: 004 Stores

*Business Unit: USA01 Front End Team Members

*Department: 1013132001 Chelsea TR

*Location: 10131 Chelsea

*Establishment ID: CHE Chelsea Date Created: 09/09/2011

Job Data Employment Data Earnings Distribution Benefits Program Participation

Save Return to Search Notify Previous tab Next tab Refresh Update/Display Include History Correct History

Work Location | Job Information | Job Labor | Payroll | Compensation

Work Location | Job Information | Job Labor | Payroll | Compensation

Masukul Alam EMP ID: 1245200

Work Location

HR Status: Active Payroll Status: Active

*Effective Date: 08/19/2011 Sequence: 0 *Reason: New Hire

*Action: Hire Termination Date: 08/19/2011

Expected Job End Date: [] Position Entry Date: []

Position Number: [] Regulatory Region: USA United States

Company: 004 Whole Foods Market Group Inc

*Business Unit: USA01 Stores

*Department: 1013132001 Front End Team Members

*Location: 10131 Chelsea TR

*Establishment ID: CHE Chelsea Date Created: 09/09/2011

Job Indicator: Primary Job

Current

Job Data | Employment Data | Earnings Distribution | Benefits Program Participation

Save | Return to Search | Notify | Previous tab | Next tab | Refresh | Update/Display | Include History | Correct History

Work Location | Job Information | Job Labor | Payroll | Compensation



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Paycheck Summary | Wfm Pay Check Summ

Summary Information

EmpID: 1245200 Name: Alan Masukul Page: 196 Line: 2 Separate Check:
 Company: 004 Pay Group: TR Pay Period End: 11/06/2011

Paycheck Information

Paycheck Status: Confirmed Paycheck Option: Check
 Issue Date: 11/10/2011 Paycheck Number: 892660
 Off Cycle Reprint Adjustment Corrected Cashed

Paycheck Totals

Earnings: 703.70
 Taxes:
 Deductions: 0.00
 Net Pay: 555.43

Earnings

Find | View All First 1 of 1 Last

Begin Date: 10/24/2011 End Date: 11/06/2011 Addl Line #: Reason: Not Specified

Additional Data

Salaried	Hourly	Overtime
Hours: 0.00	Hours: 70.37	Hours: 0.00
Rate: 10.000000	Rate: 10.000000	Rate: 0.000000
Earnings: 0.00	Earnings: 703.70	Earnings: 0.00
	Rate Code:	Rate Code:

Rate Used: Hourly Rate Shift: N/A Shift Rate:
 State: NY Locality: P0023 MTA PAYROLL TAX (MCTMT)

Other Earnings

Customize | Find First 1 of 1 Last

Code	Description	Rate Code	Rate Used	Hours	Rate	Amount

Deductions

Customize | Find First 1 of 1 Last

Code	Description	Class	Amount	Calculated Base

Taxes

Customize | Find First 1 of 1 Last

Tax Entity	State	Resident	Locality	Locality Name	Tax Class	Taxable Gross	Tax Amount
						703.70	29.56

Return to Search Previous in List Next in List Notify

Work Location | Job Information | Job Labor | Payroll | Compensation

Kodjogan Akakpo EMP ID: 1120055

Work Location

HR Status: Active Payroll Status: Active

*Effective Date: 08/15/2011 Sequence: 0

*Action: Data Change *Reason: Bedrock Data Conversion

Last Start Date: 02/25/2005 Termination Date:

Expected Job End Date:

Position Number: Position Entry Date:

*Regulatory Region: USA United States

Company: 004 Whole Foods Market Group Inc

*Business Unit: USA01 Stores

*Department: 1013132001 Front End Team Members

*Location: 10131 Chelsea TR

*Establishment ID: CHE Chelsea

Department Entry Date: 02/25/2005

Date Created: 08/19/2011

Job Data | Employment Data | Earnings Distribution | Benefits Program Participation

Save | Return to Search | Notify | Previous tab | Next tab | Refresh | Update/Display | Include History | Correct History

Work Location | Job Information | Job Labor | Payroll | Compensation

WHOLE FOODS

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[New Window](#) | [Help](#) | [Customize Page](#)

Paycheck Summary | Wfm Pay Check Summ

Summary Information

EmpID: 1120055 Name: Akakpo,Kedjogan Page: 196 Line: 1 Separate Check:
 Company: 004 Pay Group: TR Pay Period End: 11/06/2011

Paycheck Information

Paycheck Status: Confirmed Paycheck Option: Advice
 Issue Date: 11/10/2011 Paycheck Number: 7416573
 Off Cycle Reprint Adjustment Corrected Cashed

Paycheck Totals

Earnings: 798.78
 Taxes: ██████████
 Deductions: 53.96
 Net Pay: 568.79

Earnings [Field](#) | [View All](#) First 1 of 2 Last

Begin Date: 10/24/2011 End Date: 11/05/2011 Add Line #: 1 Reason: Not Specified

[Additional Data](#)

Salaried	Hourly	Overtime
Hours: 0.00	Hours: 0.00	Hours: 0.00
Rate: 12.970000	Rate: 0.000000	Rate: 0.000000
Earnings: 0.00	Earnings: 0.00	Earnings: 0.00
	Rate Code:	Rate Code:

Rate Used: Hourly Rate Shift: N/A Shift Rate:
 State: NY Locality: P0023 MTA PAYROLL TAX (MCTMT)

Other Earnings [Customize](#) | [Field](#) | [Sum](#) First 1 of 1 Last

Code	Description	Rate Code	Rate Used	Hours	Rate	Amount
LBR	Labor Surplus		Hrly Rt.			2.99

Deductions [Customize](#) | [Field](#) | [Sum](#) First 1 of 3 Last

Code	Description	Class	Amount	Calculated Base
MED13	WFM PPO	Nontaxable	104.40	
401K%	401K% Elect	Before-Tax	23.96	
TMSPP	TMSPP	After-Tax	30.00	

Taxes [Customize](#) | [Field](#) | [Sum](#) First 1 of 11 Last

Tax Entity	State	Resident	Locality	Locality Name	Tax Class	Taxable Gross	Tax Amount

[Return to Search](#) | [Previous in List](#) | [Next in List](#) | [Notify](#)

http://hrprd.wholefoods.com/psp/hrprd/EMPLOYEE/HRMS/c/MAINTAIN_PAYROLL... 11/21/2011
 FL-22-0355 0405



New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

Date: April 17 2012

To: Carmine Ruberto, Director
From: Annemarie G. Culberson, Sr.LSI
Subject: Whole Foods Markets Group
Manual Worker Bi-Weekly/Semi-monthly Pay Period Approval

Attached please find the material the above named employer has submitted in support of its request to pay its manual workers no less frequently than semi-monthly

Based upon the information supplied by the employer:

The average number of workers it has employed in New York State in the three years preceding this request has exceeded 1000:

The firm maintains a computerized record-keeping system which specifies hours worked, rate of pay, gross and net wages, deductions and the date of pay:

It possesses Worker's Compensation as well as Disability Benefits Insurance:

There is no union involved with Whole Foods Market Group.

This company employs well over an average of 2500 employees in New York State and in excess of 56,000 employees nationwide. Those employees outside of New York State are being paid bi-weekly and it is costly to have New York State employees on a separate payroll. There is a computerized payroll system used for most of the employees, and it is not cost effective to have a different system for New York State employees only, so the company requests a variance to the law requiring manual workers to be paid weekly.

Unemployment Insurance has informed me that the outstanding warrants against Whole Foods Markets Group Inc. have been satisfied this date.

A letter from New York State Tax and Finance indicates that there are no outstanding warrants against the company.

Since it further appears that all other conditions enumerated in Article VI, Section 191.1a(ii) of the New York State Labor Law have been satisfied, I recommend that Whole Foods Markets Group, Inc. be granted approval to pay manual workers on a bi-weekly basis

Contact information is as follows:

Patricia Yost, Assistant Secretary
Whole Foods Markets Group
550 Bowie Street
Austin, TX 78703

Fredric Leffler
Senior Counsel
Proskauer Rose LLP
Eleven Times Square
New York, NY 10036



Proskauer Rose LLP Eleven Times Square New York, NY 10036-8269

t 212.669.3000
f 212.669.2900

Date: April 16, 2012

Client-Matter: 76545-001

Total Pages (Including Cover): 3

From: Fredric C. Leffler

Sender's Voice Number: 212.969.3570

Sender's Email: fleffler@proskauer.com

Sender's Room Number: 1924

Main Fax Number: 212.969.2900

Fax Transmittal

To:	Ms. Annemarie Culberson	Fax No.:	(518) 457-2731
Company:	New York State Department of Labor,	Voice No.:	

Confidentiality Note: This message is confidential and intended only for the use of the addressee(s) named above. It may contain legally privileged material. Dissemination, distribution or copying of this message, other than by such addressee(s), is strictly prohibited. If you have received this message in error, please immediately notify us by telephone and return the original to us at the address above. We will reimburse you for the cost of the telephone call and postage. Thank you.



April 16, 2012

Fredric C. Leffler
Senior Counsel
d 212.989.3570
f 212.989.2800
fleffler@proskauer.com
www.proskauer.com

VIA FEDERAL EXPRESS OVERNIGHT MAIL AND FACSIMILE (518-457-3256)


Mr. Thomas Izzo
New York State Department of Labor
Unemployment Insurance Tax
Building 12, Room 256
State Office Campus
1220 Washington Avenue
Albany, New York 12240

Re: Whole Foods Markets
FBIN: [REDACTED]
NYS UI No. [REDACTED]
Outstanding Penalties Re Alberto Caballero and Douglas Brown

Dear Mr. Izzo:

Per our telephone conversation this morning, we are counsel to the Whole Foods Markets Group. In order to expedite processing of Whole Foods' waiver application with the New York State Department of Labor, so it can pay its New York State workers bi-weekly, we are remitting on behalf of our client a check in the amount of \$50.00 as payment for the penalties outstanding in the above-referenced matters. Please confirm receipt so that the Division of Labor Standards can move forward with processing Whole Foods Markets' waiver application.

Please contact me if you have any additional comments or questions.

Very truly yours,

Fredric C. Leffler

FCL/lp
Enclosure
cc: Ms. Annemarie Culberson (via facsimile)

PROSKAUER ROSE LLP

11 TIMES SQUARE NEW YORK, NY 10036-8209

CHECK NO.: 4209

VCHR #	INV. #	DATE	ACCOUNT #	INVOICE DESCRIPTION	AMOUNT PAID
2013972	R.041612	04-16-12		BENEFIT CLAIM PENALTY DUE FOR ALBERTO CABALLERY AND DOUGLAS BROWN ER # [REDACTED] WHOLE FOODS MARKETS GROUP	50.00

THIS DOCUMENT IS PROTECTED BY AN ANTI-COUNTERFEITING MEASURE

THE FACE OF THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK, NOT A WHITE BACKGROUND

PROSKAUER ROSE LLP
11 Times Square
New York, NY 10036-8209

CHECK NO. 4209
1-8210-280

CITIBANK AS OF 11/11
CITIBANK CENTER
163 EAST 63RD STREET

OPERATING ACCOUNT
CHECK AMOUNT
\$50.00

FIFTY AND 00/100 DOLLARS

PAY TO THE ORDER OF NYS UNEMPLOYMENT INSURANCE TAX

Peter E. Casey

THE BACK OF THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK, HOLD AT AN ANGLE TO VIEW



April 11, 2012

Fredric C. Leffler
Senior Counsel
d 212.969.3570
f 212.969.2900
fleffler@proskauer.com
www.proskauer.com

VIA FEDERAL EXPRESS AND FACSIMILE (518-457-2731)

Ms. Annemarie Culberson
Senior Labor Standards Investigator
New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, New York 12240

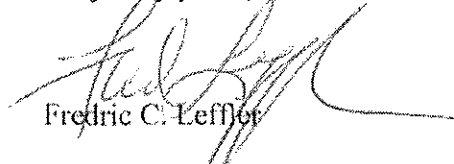
Re: Whole Foods Market
FEIN: [REDACTED]
NYS UT NO.: [REDACTED]

Dear Ms. Culberson:

Per our recent correspondence and exchanges, enclosed please find a letter dated March 30, 2012 from Thomas Engel, New York State Tax and Finance Department, indicating that Whole Foods has no outstanding warrants. Accordingly, on behalf of our client, Whole Foods, we believe the file is now complete to support its application for a Waiver from the requirement that it pay its manual workers weekly. Instead, as explained previously, Whole Foods will pay its workers bi-weekly in accordance with its national practice.

Please let me know if you have any questions or require anything else in order for Whole Foods to be granted this Waiver.

Very truly yours,



Fredric C. Leffler

FCL/lp
Enclosure



New York State Department of
TAXATION AND FINANCE
Office of Budget and Management Analysis
Disclosure and Government Exchange
W.A. Harriman Campus
Building 8, Room 700
Albany, NY 12227

March 30, 2012

Mr. Fredric C. Leffler
Proskauer Rose LLP
Eleven Times Square
New York, NY 10036-8299

Re: Whole Foods Markets

Dear Mr. Leffler:

In response to your request for tax information regarding the above-referenced taxpayer, the following is provided:

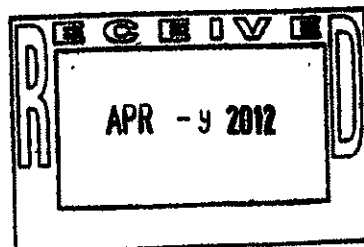
A search of our records does not indicate any outstanding warrants.

If you have any questions, I can be reached at (518) 485-8594.

Sincerely,

Thomas Engel
Income Tax Technician III

TE:ch



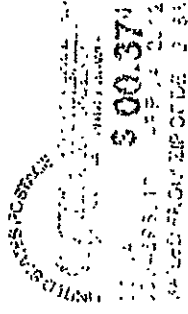
ENW-1 (6/96)

State of New York
Department of Taxation and Finance
W A Harriman Campus
Albany NY 12227

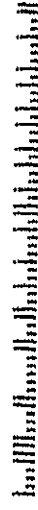
From:

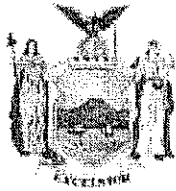
*Disclosure Unit
Building 8, Room 700*

POST OFFICE
NO. 1000



1003688299 0032





**STATE OF NEW YORK
DEPARTMENT OF LABOR**
www.labor.state.ny.us

DATE: 3/8/2012

TELEFAX TRANSMITTAL FORM

PLEASE DELIVER TO: Name Frederic C. Leffle

Office Proskauer Rose

Location

FLOOR: **ROOM:** **PHONE NO:** 212-9693570 **FAX NO:** 212-969-2900

FROM: Name Annemarie Culberson Sr. LSI

Office Location Bldg 12-266A State Office Campus Albany, NY 12240

PHONE NO: 518-457-1942

FAX NO: 518-457-2731

COMMENTS:

NUMBER OF PAGES BEING TRANSMITTED: 4 (including cover sheet)

This communication is intended only for the use of the named addressee and may contain information which is privileged, confidential and/or exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you receive this communication in error, please notify me immediately by telephone to arrange the immediate return of the communication.

GA 150E (10-02)



STATE OF NEW YORK
DEPARTMENT OF LABOR
www.labor.state.ny.us

DATE: 3/8/2012

TELEFAX TRANSMITTAL FORM

PLEASE DELIVER TO: Name ARTHUR F. DOTT

Office Room 256

Location -

FLOOR: _____ ROOM: _____ PHONE NO: 518-457-1735 FAX NO: 518-457-3256

FROM: Name Annemarie Culberson Sr. LSI

Office Location Bldg 12-266A State Office Campus Albany, NY 12240

PHONE NO: 518-457-1942

FAX NO: 518-457-2731

COMMENTS: Will you please check on this corporation to ensure that all taxes have been paid up-to-date? Thanks, Annemarie

NUMBER OF PAGES BEING TRANSMITTED: 3 (including cover sheet)

This communication is intended only for the use of the named addressee and may contain information which is privileged, confidential and/or exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you receive this communication in error, please notify me immediately by telephone to arrange the immediate return of the communication.

GA 150E (10-02)



STATE OF NEW YORK
DEPARTMENT OF LABOR

www.labor.state.ny.us

DATE: *3/18/02*

TELEFAX TRANSMITTAL FORM

PLEASE DELIVER TO: Mark Knox - Supervising Labor Standards Investigator
Annemarie Culberson - Senior Labor Standards Investigator
Division of Labor Standards, Permit and Certificate Unit

OFFICE NAME AND ADDRESS: NYS Department of Labor, State Office Campus,
Bldg. 12 Room 266A, Albany, NY 12240

FLOOR: 2nd ROOM: 266A PHONE NO: (518) 457-1942 FAX NO: (518) 457-2731

FROM: Arthur F. Dott, Tax Compliance Agent 31, Central Assignment and Control (CACs), UI
Name

State Office Campus Building 12, Room 256, Albany, NY 12240
Office Location

PHONE NO: (518) 457-1737

FAX NO.: (518) 457-3256

SUBJECT: *Whole Foods Market, Inc.*
(EMPLOYER NAME) *7043 01#* [REDACTED]

- THERE ARE NO OUTSTANDING LIABILITIES
- THERE ARE OUTSTANDING LIABILITIES
- PLEASE CALL ME

SIGNATURE _____

DATE _____

(PRINTED NAME) _____

NUMBER OF PAGES BEING TRANSMITTED: _____ (including cover sheet)

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New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

Mr. Frederic C. Leffler
Senior Counsel
Proskauer Rose LLP
11 Times Square
New York, NY 1036-8299

8 March 2012

Dear Mr. Leffler :

Attached is the letter originally sent you. #4 is the part that says we must have a letter from the Department of Tax and Finance. What I neglected to do was include the contact information.

The phone number to be used is 518-485-9594 If Mr. Forbes is unavailable, you can ask for Leta Snover.

You may reach me at:

New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit
Building 12/ Room 266A
State Office Building Campus
Albany, NY 12240

You may reach me by phone between the hours of 8:30 AM and 4:30 PM at:

Tel: 518-457-8014 (Personal)

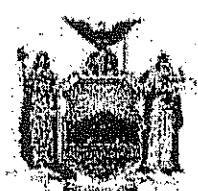
Tel: 518-457-1942 (Office)

A handwritten signature in cursive, appearing to read "Andrew M. Cuomo".

TRANSMISSION VERIFICATION REPORT

TIME : 03/08/2012 12:59
NAME : NYS LABOR-PCU
FAX : 518-457-2731
TEL : 518-457-1942
SER.# : 000A1J511002

DATE, TIME	03/08 12:58
FAX NO./NAME	73256
DURATION	00:00:23
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM



STATE OF NEW YORK
DEPARTMENT OF LABOR
www.labor.state.ny.us

DATE: 3/8/2012

TELEFAX TRANSMITTAL FORM

PLEASE DELIVER TO: Name ARTHUR F. DOTT
Office Room 256
Location

FLOOR: ROOM: PHONE NO: 518-457-1735 FAX NO: 518-457-3256

FROM: Name Annemarie Culberson, Sr. LSI
Office Location Bldg 12-266A State Office Campus Albany, NY 12240

PHONE NO: 518-457-1942

FAX NO: 518-457-2731

COMMENTS: Will you please check on this corporation to ensure that all taxes have been paid up-to-date? Thanks, Annemarie

NUMBER OF PAGES BEING TRANSMITTED: 3 (including cover sheet)

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FL-22-0355 0418



New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

RELEASE FORM – DISCLOSURE INFORMATION

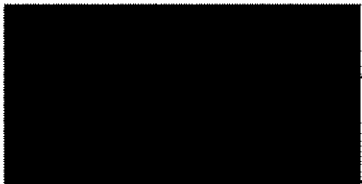
Pursuant to the request, initiated by Whole Foods Market Group, Inc.
(Please print legal name of EMPLOYER)

to pay its manual workers on a biweekly or semimonthly basis,

I, Patricia Yost
(Please print NAME of responsible officer signing release form)

Asst. Secretary
(Please print TITLE of responsible officer signing release form)

hereby authorize the Division of Unemployment Insurance to disclose to the Division of Labor Standards its record, if any, of said employer's Unemployment Insurance tax liabilities.



Federal Employer Identification Number (FEIN)

Unemployment Insurance Employer Registration Number (ER#)

[Signature]
Signature
11/28/11
Date

W. Averell Harriman State Office Campus
Building 12, Room 266A, Albany, NY 12240
www.labor.ny.gov



March 1, 2012

Fredric C. Leffler
Senior Counsel
d 212.969.3570
f 212.969.2800
leffler@proskauer.com
www.proskauer.com

VIA FEDERAL EXPRESS AND ELECTRONIC MAIL

Ms. Annemarie Culberson
Senior Labor Standards Investigator
New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, New York 12240

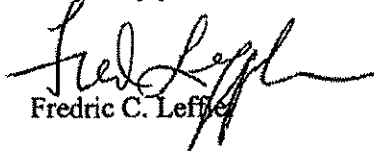
Re: Whole Foods Markets
FEIN [REDACTED]
NYS UI No.: [REDACTED]

Dear Ms. Culberson:

We are counsel to Whole Foods Markets Group Inc. ("Whole Foods" or "Company"). Further to our earlier correspondence,¹ enclosed please find a copy of the Company's current Certificate of Insurance under the NYS Disability Benefits Law, along with the prior Certificate of Disability Insurance. With this final submission, we believe that Whole Foods has now supplied the New York State Department of Labor with all the information necessary pursuant to its request for a waiver under NYLL § 191.1(a)(ii) so that it may pay its manual employees on a bi-weekly basis.

Please contact me in the event you have any additional comments or questions.

Very truly yours,


Fredric C. Leffler

¹ Previously, by letters dated October 19, 2011, December 22, 2011, and January 12, 2012, Whole Foods submitted information and documentation relevant to its waiver application.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To Be completed by Disability Benefits carrier or Licensed Insurance Agent of that Carrier	
1a Legal Name and Address of Insured (Use street address only) Whole Foods Market Group Inc. 550 Bowie Street Austin, TX 78703	1b Business Telephone Number of Insured 1c NYS Unemployment Insurance Employer Registration Number of Insured <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> 1d Federal Employer Identification Number of Insured or Social Security number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certification Holder) Whole Foods Market Group Inc. 550 Bowie Street Austin, TX 78703 Travis County	3a Name of Insurance Carrier Metropolitan Life Insurance Company 3b Policy Number of entity listed in box "1a". <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> 3c Policy effective period, January 1, 2007 to December 31, 2011 DB120.1 valid January 1, 2011 to December 31, 2011

4 Policy covers:

- a All of the employer's employees eligible under the New York Disability Benefits law
- b Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Insurance coverage as described above.

Date Signed <u>December 23, 2008</u>	BY	<u><i>Denny Gerlach</i></u>
(Signature of carrier's authorized representative (currently on file with DB Bureau))		
Tel No. (678) <u>319-1602</u>	Title	<u>State Plan Analyst</u>
<p>IMPORTANT If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, This certificate is Completed. Mail it directly to the certificate holder. If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207</p>		

PART 2	TO BE COMPLETED BY NYS WORKER'S COMPENSATION BOARD (Only if box "b" of Part 2 has been checked)
STATE OF NEW YORK WORKERS' COMPENSATION BOARD	
<p>According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees</p>	
Date Signed _____	By _____
(Signature of NYS Workers' Compensation Board Employees)	
Tel No () _____	Title _____

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those carriers are authorized to issue Form DB-120 I. Insurance brokers are NOT authorized to issue this form.

DB-120 I(5-06)



March 1, 2012

Fredric C. Leffler
Senior Counsel
d 212.969.3570
f 212.969.2900
fleffler@proskauer.com
www.proskauer.com

VIA FEDERAL EXPRESS AND ELECTRONIC MAIL

Ms. Annemarie Culberson
Senior Labor Standards Investigator
New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, New York 12240

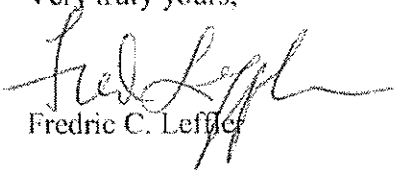
RECEIVED
NYS DEPT OF LABOR
ALBANY NY
MAR 05 2012
DIVISION OF LABOR STANDARDS
PERMIT & CERT UNIT

Re: Whole Foods Markets
FEIN: [REDACTED]
NYS UI No.: [REDACTED]

Dear Ms. Culberson:

We are counsel to Whole Foods Markets Group Inc. ("Whole Foods" or "Company"). Further to our earlier correspondence,¹ enclosed please find a copy of the Company's current Certificate of Insurance under the NYS Disability Benefits Law, along with the prior Certificate of Disability Insurance. With this final submission, we believe that Whole Foods has now supplied the New York State Department of Labor with all the information necessary pursuant to its request for a waiver under NYLL § 191.1(a)(ii) so that it may pay its manual employees on a bi-weekly basis.

Please contact me in the event you have any additional comments or questions.

Very truly yours,

Fredric C. Leffler

¹ Previously, by letters dated October 19, 2011, December 22, 2011, and January 12, 2012, Whole Foods submitted information and documentation relevant to its waiver application.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name and Address of Insured (Use street address only)</p> <p>Whole Foods Market Group, Inc. 550 Bowle Street Austin, TX 78703</p>	<p>1b. Business Telephone Number of Insured (512) 542-0457</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Ins [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NYS Department of Labor Division of Labor Standards Permit and Certificate Unit, Room 266A State Office Campus, Bldg 12 Albany, NY 12240</p>	<p>3a. Name of Insurance Carrier First Unum Life Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a": [REDACTED]</p> <p>3c. Policy effective period: 01/27/2012 to 01/27/2013</p>

4. Policy covers:

- a. All of the employer's employees eligible under the New York Disability Benefits Law
- b. Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed 01/27/2012 By *Harry M. Schuman*
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (207) 575-3780 Title Registrar

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)

State Of New York
Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number _____ Title _____

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

**STATE OF NEW YORK
WORKERS' COMPENSATION BOARD**

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To Be completed by Disability Benefits carrier or Licensed Insurance Agent of that Carrier	
1a. Legal Name and Address of Insured (Use street address only) Whole Foods Market Group Inc. 550 Bowie Street Austin, TX 78703	1b. Business Telephone Number of Insured 1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED] 1d. Federal Employer Identification Number of Insured or Social Security number [REDACTED]
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certification Holder) Whole Foods Market Group Inc. 550 Bowie Street Austin, TX 78703 Travis County	3a. Name of insurance Carrier Metropolitan Life Insurance Company 3b. Policy Number of entity listed in box "1a"; [REDACTED] 3c. Policy effective period; January 1, 2007 to December 31, 2011 DB120.1 valid January 1, 2011 to December 31, 2011

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- a. All of the employer's employees eligible under the New York Disability Benefits law
- b. Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability insurance coverage as described above.

Date Signed December 23, 2008 BY *Penny Gerlach*
(Signature of carrier's authorized representative (currently on file with DB Bureau))

Tel. No.: (678) 319-1602 Title State Plan Analyst

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, This certificate is Completed. Mail it directly to the certificate holder.
If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207

PART 2. TO BE COMPLETED BY NYS WORKER'S COMPENSATION BOARD (Only if box "b" of Part 2 has been checked)

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of NYS Workers' Compensation Board Employees)

Tel. No. () _____ Title _____

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1(5-06)



January 12, 2012

Fredric C. Leffler
Senior Counsel
d 212.969.3570
f 212.969.2900
fleffler@proskauer.com
www.proskauer.com

BY FEDERAL EXPRESS

Ms. Annemarie Culberson
Senior Labor Standards Investigator
New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, New York 12240

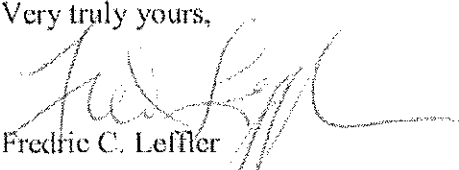
Re: Whole Foods Markets
FEIN: [REDACTED]
NYS UI No.: [REDACTED]

Dear Ms. Culberson:

As per our conversation on December 27, 2011, enclosed please find Whole Foods Certificate of Insurance from UNUM effective January 1, 2012.

Please let me know if there is anything else you need.

Very truly yours,


Fredric C. Leffler

RECEIVED
NYS DEPARTMENT OF LABOR
ALBANY, NY

JAN 18 2012

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

FL-22-0355 0425

Transaction Number: 4386150

Your submission was received for processing on 10/11/2011 at 3:31PM. It was submitted by user KSCHURMAN. It has been accepted and processed.

**STATE OF NEW YORK WORKERS' COMPENSATION BOARD
DISABILITY BENEFITS LAW
CERTIFICATE/CANCELLATION OF INSURANCE**

Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

Transaction Type: Initial

Transaction Effective Date: 01/01/2012

A. INSURER/CARRIER		
1/2. INSURER/CARRIER NAME/CODE FIRST UNUM LIFE INSURANCE CO - B163004		6. TODAY'S DATE 10/11/2011
B. CURRENT - EMPLOYER INFORMATION		
7. WCB EMPLOYER NUMBER	8. NYS UIER NUMBER	9. EMPLOYER FEIN
10. EMPLOYER'S NAME Name: Whole Foods Market Group, Inc. d/b/a: c/o: Attn:		13. LEGAL STATUS Corporation (03)
11. ADDRESS Line 1: 550 Bowie Street Line 2:		14. # OF EMPLOYEES 3376
12. CITY STATE ZIP CODE Austin Texas 78703 COUNTRY United States		15. TELEPHONE NO. 5125420467
C. POLICY		
<i>*If policyholder is an Association, Union or Trustee for which form DB-820.3 is filed, do not complete Item 18.</i>		
16. POLICY NUMBER*	17. POLICY EFFECTIVE DATE 01/01/2012	18. POLICY FORM NUMBER*
19. WCB PLAN NUMBER (Only for Assoc., Union or Trustee with Form DB-801 on file.)		20. ANNUAL PREMIUM AMOUNT
F. POLICYHOLDER - If different from Employer		
27. POLICYHOLDER NAME Name: d/b/a: c/o: Attn:		
28. POLICYHOLDER ADDRESS Line 1: Line 2:		
29. CITY STATE ZIP CODE COUNTRY		
30. POLICYHOLDER FEIN		

To be filed by Insurance Carrier on behalf of Employer to provide, through insurance, exactly statutory benefits, (Section 204)
OR benefits under a plan accepted by the Chairman.

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

DB-820/829 rev. 5/01

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

NOTICE OF COMPLIANCE
DISABILITY BENEFITS LAW
TO EMPLOYEES

1. If you are unable to work because of an illness or injury not work-related, you may be entitled to receive weekly benefits from your employer, or his or her insurance company, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Use one of the following claim forms:
-If, when your disability begins, you are employed or are unemployed for four weeks or less, use claim form DB-450, which you may obtain from your employer, his or her insurance carrier, your health provider or any office of the Workers' Compensation Board, and send it to your employer or the insurance carrier named below.
-If, when your disability begins, you have been unemployed more than four weeks, use claim Form DB-300, which you may obtain from any Unemployment Insurance Office, your health provider, or any office of the Workers' Compensation Board. Send completed claim form to the Workers' Compensation Board, Disability Benefits Bureau, Albany, New York 12241. **IMPORTANT:** Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the claim form, showing your period of disability.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271).
7. Other information about Disability Benefits may be obtained by writing or calling the nearest Workers' Compensation Board Office.

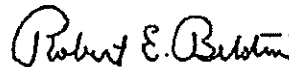
WORKERS' COMPENSATION BOARD OFFICES

Albany, 12241 - 100 Broadway-Menands - (866) 750-5157
Binghamton, 13901 - State Office Bldg. -44 Hawley St. - (866) 802-3604
Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (800) 877-1373
Buffalo, 14202 - 369 Franklin Street - (866) 211-0645
Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (866) 681-5354
Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630
New York, 10027 - 215 W.125th St. - Manhattan - (800) 877-1373
Peekskill, 10566 - 41 North Division St. - (866) 746-0552
Queens, 11432 - 168-46 91st Ave. - Jamaica - (800) 877-1373
Rochester, 14614 - 130 Main Street West - (866) 211-0644
Syracuse, 13203 835 James St. - (866) 802-3730

ESTADO DE NUEVA YORK
JUNTA DE COMPENSACION OBRERA

AVISO DE CUMPLIMIENTO
LEY DE BENEFICIOS POR
INCAPACIDAD A LOS EMPLEADOS

1. Si usted no puede trabajar debido a enfermedad o lesión no relacionada con el trabajo, podría tener derecho a recibir beneficios semanales de su patrón o de la compañía de seguros de él/ella o del Fondo Especial para Beneficios por Incapacidad.
2. Para reclamar beneficios usted debe presentar una forma de reclamación, dentro de 30 días a partir de la primera fecha de su incapacidad, pero en ningún caso más de 26 semanas de dicha fecha.
3. Use una de las siguientes formas de reclamación:
-Si, cuando comience su incapacidad usted está empleado o ha estado desempleado por cuatro semanas o menos, use la forma de reclamación (Form DB-450), la cual puede obtener de su patrón o de la compañía de seguros de él/ella, o de su proveedor de cuidados de salud, o bien de cualquier oficina de la Junta de Compensación Obrera, y envíela a su patrón o a la compañía de seguros nombrada abajo.
-Si cuando comience su incapacidad, usted ha estado desempleado más de cuatro semanas, use la forma de reclamación (Form DB-300), la cual puede obtener en cualquier Oficina de Seguro de Desempleo, de su proveedor de salud, o bien de cualquier oficina de la Junta de Compensación Obrera. Envíe la forma de reclamación, debidamente terminada, a Workers' Compensation Board, Disability Benefits Bureau, Albany, New York 12241. **IMPORTANT:** Antes de presentar usted su reclamación, es necesario que su proveedor de salud complete la declaración del médico ("Health Care Provider's Statement") en la forma de reclamación, indicando el periodo de su incapacidad.
4. Usted tiene derecho a ser tratado por cualquier médico, quiropráctico, dentista, enfermera-partera, podiatra o psicólogo que usted elija. Pero, contrario a la compensación obrera, sus cuentas médicas no serán pagadas a menos que su patrón y/o Unión haga el pago de tales cuentas médicas bajo un Plan o Convenio de Beneficios por Incapacidad.
5. Si estuviera usted enfermo o lesionado durante el tiempo que esté recibiendo beneficios del Seguro de Desempleo, presente una reclamación para Beneficios por Incapacidad, siguiendo las instrucciones arriba descritas, tan pronto como sufra la lesión o la enfermedad.
6. Si usted está desempleado por mas de siete días, su patrón está obligado a enviarle la Declaración de Derechos de Beneficios por Incapacidad (Form DB-271).
7. Otras informaciones relativas a Beneficios por Incapacidad pueden obtenerse escribiendo o llamando ala oficina más cercana de la Junta de Compensación Obrera.



ROBERT E. BELOTEN
CHAIR/PRESIDENTE

www.wcb.state.ny.us

The undersigned employer is in compliance with the provisions of the Disability Benefits Law (El patron abajo firmante esta en conformidad con las disposiciones de la ley de Beneficios por Incapacidad).
Disability Benefits, when due, will be paid by (Los Beneficios por Incapacidad, cuando debidos, seran pagados por):

First Unum Life Insurance Company
666 Third Avenue, Suite 301
New York, NY 10017 (1-800-356-5817)
Effective: From 01/01/2012 To 01/01/2013
(En Vigor Desde) (Hasta)
Policy No. 79730
(Poliza No.)

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

LA JUNTA DE COMPENSACION OBRERA EMPLEA Y
SIRVE A PERSONAS INCAPACITADAS SIN DISCRIMINAR.

DB-120 (8-09)

Prescribed by Chair
Workers' Compensation Board
State of New York

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND
ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

(02/10)

The benefits provided are (Los beneficios provistos son)
 Statutory Under a Plan or Agreement

Class(es) of employees covered (Clase(s) de empleados amparados)

All employees eligible under the New York State Disability
Benefits Law

Name of employer (Nombre del Patron)

WHOLE FOODS MARKET GROUP, INC.

By First Unum Life Insurance Company



December 22, 2011

Fredric C. Leffler
Senior Counsel
d 212.969.3570
f 212.969.2900
fleffler@proskauer.com
www.proskauer.com

BY FEDERAL EXPRESS

Ms. Annemarie Culberson
Senior Labor Standards Investigator
New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, New York 12240

RECEIVED
NYS DEPARTMENT OF LABOR
ALBANY, NY

DEC 23 2011

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

Re: Whole Foods Markets
FEIN: [REDACTED]
NYS UI No. [REDACTED]

Dear Ms. Culberson:

We are counsel to Whole Foods Markets Group Inc. (“Whole Foods” or “the Company”). Whole Foods seeks to apply for a waiver to the requirement that it pay its manual workers weekly as set forth in New York Labor Law § 191.1(a). Accordingly, pursuant to NYLL § 191.1(a)(ii), for all Whole Foods Market locations in New York State, the Company requests permission to pay all its manual employees on a bi-weekly basis.

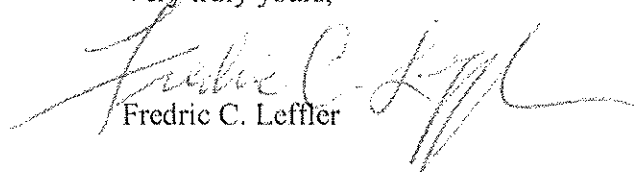
The Company seeks this waiver from the weekly pay requirement in order to secure business and cost efficiencies in accordance with its national practice to pay its employees bi-weekly. In connection with the Company’s application, in New York State it employs, today, roughly 3300 employees; in 2010, it employed, in New York State approximately 3300 employees; in 2009, it employed roughly 3000 employees, and in 2008, it employed roughly 2800 employees in New York State. Today, in the United States, Whole Foods employs approximately 62,000 employees and in 2010, it employed roughly 56,000 employees Company-wide. This total reflects Company growth, as Whole Foods employed approximately 51,700 employees in 2009, and 51,000 employees Company-wide in 2008. The Company routinely meets its payroll responsibilities in New York State and utilizes a computerized payroll recordkeeping system that specifies, at a minimum, hours worked, rate of pay, overtime hours, if any, overtime rate, gross wages, deductions, net wages, and date of pay for each employee.

In support of its application, we are providing you with the following information:

- 1) Tab 1 – proof of current insurance from the Company’s Workers Compensation and Disability Benefits Insurance carriers;
- 2) Tab 2 – executed disclosure information statement regarding unemployment insurance;
- 3) Tab 3 – copies of year-end payroll for 2008-2010, plus the third quarter for 2011 showing total numbers of employees;
- 4) Tab 4 – copies for one or two employees demonstrating computerized payroll system reflecting hours worked, rate of pay, deductions, gross and net pay, and date of pay; and
- 5) We are advised that Whole Foods’ workers are not represented by any labor unions in New York.

Following your review of this information, please contact me if you have any questions or require additional information.

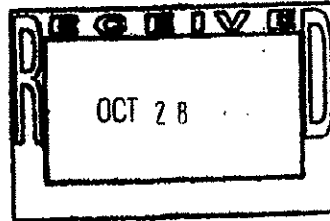
Very truly yours,


Fredric C. Leffler



New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

Mr. Fredric C. Leffler
Senior Counsel
Proskauer Rose LLP
11 Times Square
New York, NY 1036-8299



October 25, 2011

Dear Mr. Leffler:

Today I received your letter of October 19, 2011 whereby you request permission for your client (Whole Foods Market Group, Inc.) to pay its manual workers on a bi-weekly basis. The following is a list of instructions which must be followed for us to consider the request:

There is no form to fill out, nor is there a fee involved.

1. Please send a letter stating the necessity of paying the manual workers less frequently than weekly.
2. Please include in this letter the names and addresses of those labor unions (if any) representing the employees and a letter from a responsible union official expressing his/her concurrence with or objection to the requested new wage payment agreement.
3. Send proof of current insurance from the carrier of Workers' Compensation (form C-105.2 or U-26.3) and Disability Insurance (form C-120 or DB-155). The carrier will tell you which form is appropriate.
4. Contact Timothy Forbes, a technician with the New York State Department of Taxation and Finance. He will provide a letter stating that the employer has no outstanding warrant for failing to remit state personal withholdings. Ask for Leta Snover should Mr. Forbes be unavailable.
5. Fill out the attached word document which will allow us to verify that no unemployment insurance taxes are owed.
6. Send a copy of the last payroll (sample of 1 or 2 employees is ample) so that we may see that you have a computerized payroll system showing the hours worked, rate of pay, deductions, gross and net pay and date of pay.
7. Send us a copy of the year end payroll for the past 3 years showing the total number of employees for each year.

W. Averell Harriman State Office Campus
Building 12, Room 266A, Albany, NY 12240
www.labor.ny.gov

8. All items must be submitted together in 1 mailing.

If you have further questions you may contact me between the hours of 8:30 AM and 4:30 PM.
as follows:

New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, NY 12240

Tel: 518-457-8014 (personal)
Tel: 518-457-1942 (office)
Fax: 518-457-2731

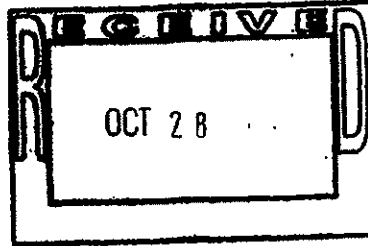
Very truly yours,


Annemarie Culberson
Senior Labor Standards Investigator



New York State Department of Labor
Andrew M. Cuomo, Governor
Colleen C. Gardner, Commissioner

Mr. Fredric C. Leffler
Senior Counsel
Proskauer Rose LLP
11 Times Square
New York, NY 1036-8299



October 25, 2011

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5. Fill out the attached word document which will allow us to verify that no unemployment insurance taxes are owed.
6. Send a copy of the last payroll (sample of 1 or 2 employees is ample) so that we may see that you have a computerized payroll system showing the hours worked, rate of pay, deductions, gross and net pay and date of pay.
7. Send us a copy of the year end payroll for the past 3 years showing the total number of employees for each year.

W. Averell Harriman State Office Campus
Building 12, Room 266A, Albany, NY 12240
www.labor.ny.gov

FL-22-0355 0432

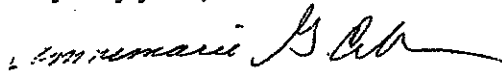
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as follows:

New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, NY 12240

Tel: 518-457-8014 (personal)
Tel: 518-457-1942 (office)
Fax: 518-457-2731

Very truly yours,



Annemarie Culberson
Senior Labor Standards Investigator



Proskauer Rose LLP Eleven Times Square New York, NY 10036-8299

Fredric C. Leffler
Senior Counsel
d 212.969.3570
f 212.969.2900
fleffler@proskauer.com
www.proskauer.com

October 19, 2011

VIA REGULAR MAIL AND ELECTRONIC MAIL

Mr. Mark Knox
NYS Department of Labor
Division of Labor Standards
Permit and Certificate Unit – 266A
State Office Campus – Building 12
Albany, NY 12240

Re: Whole Foods Markets Group Inc.
FEIN [REDACTED]
Waiver to Pay Less Frequently Than Weekly

Dear Mr. Knox:

We are counsel to Whole Foods Markets Group Inc. (“Whole Foods” or “the Company”). Further to our telephone conversation yesterday, Whole Foods seeks to apply for a waiver to the requirement that it pay manual workers weekly as set forth in New York Labor Law § 191.1(a). Accordingly, pursuant to NYLL § 191.1(a)(ii), for all Whole Foods Market locations in New York State, the Company requests permission to pay all its employees on a bi-weekly basis.

In connection with the Company’s application, in New York State in 2010, it employed approximately 3400 employees; in 2009, it employed roughly 3100 employees. In 2008, it employed roughly 2900 employees in New York State and over \$50,000 employees company-wide. Today, Whole Foods employs in excess of 56,000 employees company-wide. The Company routinely meets its payroll responsibilities in New York State and utilizes a computerized payroll recordkeeping system that specifies, at a minimum, hours worked, rate of pay, overtime hours, if any, overtime rate, gross wages, deductions, net wages, and date of pay for each employee.

Please advise me as to any additional information or documentation you need in order to process Whole Foods’ application for a waiver to pay less frequently than weekly in new York State.

Very truly yours,


Fredric C. Leffler

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Re: Whole Foods Markets Group Inc.
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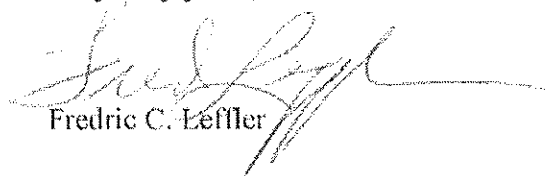
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We are counsel to Whole Foods Markets Group Inc. (“Whole Foods” or “the Company”). Further to our telephone conversation yesterday, Whole Foods seeks to apply for a waiver to the requirement that it pay manual workers weekly as set forth in New York Labor Law § 191.1(a). Accordingly, pursuant to NYLL § 191.1(a)(ii), for all Whole Foods Market locations in New York State, the Company requests permission to pay all its employees on a bi-weekly basis.

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Please advise me as to any additional information or documentation you need in order to process Whole Foods’ application for a waiver to pay less frequently than weekly in new York State.

Very truly yours,


Fredric C. Leffler

RECEIVED
NYS DEPARTMENT OF LABOR
ALBANY, NY
OCT 21 2011

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT



Metropolitan Life Insurance Company
 One Madison Avenue, New York, New York 10010-3690

APPLICATION FOR NEW YORK DISABILITY BENEFITS GROUP INSURANCE

The applicant named below is applying for a Group Policy to provide insurance for the persons specified below.

APPLICANT DATA

1. Full legal name of Applicant: Whole Foods Market, Inc.
2. Address: 550 Bowle Street City Austin State TX Zip 78703
3. Applicant's payroll records address (if different from 2. above):
 _____ City _____ State _____ Zip _____

4. Nature of Applicant's Business: <u>retail</u>	
5. Name under which Applicant's Business is conducted (if different from 1. Above): _____	
6. Applicant's Employer Identification Number: _____	7. Applicant's Unemployment Insurance Number: State Account No: _____
8. Number of Employees to be Covered: <u>1,981</u>	

9. Are all of the Applicant's Employees who are eligible under the New York Disability Benefits Law to be covered by the policy? Yes No

If "No" list each class of employees that are to be covered and the address of the place of employment for each class:

Class: _____
 Address _____ City _____ State _____ Zip _____
 Class: _____
 Address _____ City _____ State _____ Zip _____

Complete items 1 through 9 below for each subsidiary or affiliate that has a separate Unemployment Insurance Number.

AFFILIATE OR SUBSIDIARY DATA

1. Full legal name of Affiliate/Subsidiary: _____
2. Address: _____ City _____ State _____ Zip _____
3. Affiliate/Subsidiary's payroll records address (if different from 2. above):
 _____ City _____ State _____ Zip _____

4. Nature of Affiliate/Subsidiary's Business: _____	
5. Name under which Affiliate/Subsidiary's Business is conducted (if different from 1. Above): _____	
6. Affiliate/Subsidiary's Employer Identification Number: _____	7. Affiliate/Subsidiary's Unemployment Insurance Number: _____
8. Number of Employees to be Covered: _____	

9. Are all of the Affiliate/Subsidiary's Employees who are eligible under the New York Disability Benefits Law to be covered by the policy? Yes No

If "No" list each class of employees that are to be covered and the address of the place of employment for each class:

Class: _____
Address _____ City _____ State _____ Zip _____

Class: _____
Address _____ City _____ State _____ Zip _____

POLICY EFFECTIVE DATE

The Group Policy's effective date will be January 1, 2007, subject to MetLife's acceptance of this application and the Applicant's payment of the Premium due on or before such date.

POLICY SITUS

The Group Policy will be issued for delivery in and governed by the laws of New York.

COVERAGE DATA

New York Statutory Disability Benefits Insurance for Employees

PREMIUM DATA

Premiums will be paid: monthly quarterly annually other: _____

Attached is an advance payment of: \$ _____

AGREEMENT

The Applicant signing below agrees to accept the terms and provisions of the Group Policy, including its Exhibits, amendments and endorsements, if any.

Fraud Warning: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature Paula Lockman
(Signature of Applicant's Legal Representative)

Paula Lockman, Vice President
(Print Name and Title of Legal Representative)

Signed at: Austin TX
(City) (State)

Date: 8-23-06

Signature _____
(Signature of Witness)

(Print Name of Witness)

Signature _____
(Signature of Licensed MetLife Agent or Resident Agent as required by law)

(Print Name of Agent)

(Agent's State License No.)

Replaces Forms MA9628 & MB0021

Employer Appointment of Agent for Insured Customers

Whole Foods Markets, Inc., (Employer) hereby appoints the Metropolitan Life Insurance Company, (MetLife) to act as its' agent for the limited purpose of remitting the employer's share of FICA for the coverage(s) selected below. This appointment shall be effective as of January 1, 2007.

Coverage

Select the applicable coverage(s):

- Short Term Disability, Customer number, Employer Tax ID
Long Term Disability, Customer number, Employer Tax ID(s)

* Attach an explanation if this appointment does not apply to all claim report structure.

Employer FICA

Employer hereby appoints MetLife as Agent with respect to:

- Remittance to the IRS of the Employer's matching share of FICA.
MetLife will automatically withhold and remit federal and state taxes and the employee share of FICA.
MetLife will automatically produce W-2s with MetLife's name and Tax ID.
MetLife does not remit state or federal unemployment taxes, locality taxes or Virgin Island and Puerto Rico "state" taxes.

Termination

1) This Appointment shall terminate with respect to Employer's share of FICA in the event that

- Employer becomes insolvent or is adjudicated to be bankrupt, or
Employer fails, for any reason, to reimburse MetLife within a reasonable time period (see the Billing Section of this Appointment) for the amount of Employer FICA that MetLife has remitted to the IRS.

Upon termination under this paragraph, MetLife shall continue to pay any amounts withheld, or upon being withheld in the future, with respect to the Employee's share of FICA, state or federal income taxes. Employer shall

become solely responsible and liable for the payment of the Employer's share of FICA for amounts due on or after the required remittance date. MetLife may, at its sole discretion, waive its right to terminate under this paragraph. Any such waiver under this paragraph shall be made on the basis of each remittance date, and shall be without prejudice to MetLife's right to terminate the Appointment with respect to FICA as of a subsequent remittance date.

- 2) This Appointment shall automatically terminate on the date that MetLife discontinues its' claims administration services pursuant to the termination for any reason of the Policy between MetLife and the Employer.
- 3) Either party may cancel this Appointment at any time upon written notice to the other party. Upon such notice, MetLife will continue to act as agent until the earlier of the end of the calendar year in which notice is received or the date the Policy is terminated.
- 4) If this Appointment is terminated for any reason, MetLife will continue to produce W-2s unless otherwise instructed by Employer.

Disclaimer

The Employer's appointment of MetLife as agent for certain tax depositing purposes under this agreement is not intended to, and does not, make MetLife the "employer" of any insured individual for any purpose. MetLife assumes no liability (whether to the Employer, Employee, a beneficiary or to any taxing or regulatory authority) for any payments, penalties, interest or losses resulting from the failure to make payments, or withhold or remit taxes other than as expressly provided for under this Agreement.

Billing


On a quarterly basis, MetLife will send Employer a bill equal to the actual amount of Employer FICA remitted, plus a 3% service fee. The Employer has 30 days after the date printed on MetLife's bill to reimburse MetLife for the FICA bill. After the 30 day period expires, MetLife may assess interest at the "Applicable Federal Rate" (as published by the IRS on a monthly basis) plus two percentage points, on any amounts due and owing, each month for as long the amounts remain due and owing, and may terminate this appointment on a going forward basis as described in paragraph 1(b)

PAULA LABIAN
Employer Representative (Print)

Paula Labian
Employer Representative (Sign)

10/10/06
Date:

9/04R



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Paycheck Summary | Wfm Pay Check Summ

Summary Information

EmpID: 1120055 Name: Akakpo, Kodjogan
 Company: 004 Pay Group: TR Pay Period End: 11/06/2011 Page: 105 Line: 1 Separate Check:

Paycheck Information		Paycheck Totals	
Paycheck Status: Confirmed	Paycheck Option: Advice	Earnings: 798.78	
Issue Date: 11/10/2011	Paycheck Number: 7416573	Taxes: [REDACTED]	
Off Cycle	Reprint	Deductions: 53.96	
Adjustment	Corrected	Net Pay: 568.79	
Cashed			

Earnings [Find](#) | [View All](#) First 1 of 2 Last

Begin Date: 10/24/2011 End Date: 11/06/2011 Add Line #: 1 Reason: Not Specified

[Additional Data](#)

Salaried	Hourly	Overtime
Hours: 0.00	Hours: 0.00	Hours: 0.00
Rate: 12.970000	Rate: 0.000000	Rate: 0.000000
Earnings: 0.00	Earnings: 0.00	Earnings: 0.00
	Rate Code:	Rate Code:

Rate Used: Hourly Rate Shift: N/A Shift Rate:
 State: NY Locality: P0023 MTA PAYROLL TAX (MCTMT)

Other Earnings							Customize Find <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	First <input type="checkbox"/> 1 of 1 <input type="checkbox"/> Last
Code	Description	Rate Code	Rate Used	Hours	Rate	Amount		
LBR	Labor Surplus		Hrly Rt.			2.99		

Deductions [Customize](#) | [Find](#) |

Taxes							Customize Find <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	First <input type="checkbox"/> 1-11 of 11 <input type="checkbox"/> Last
Tax Entity	State	Resident	Locality	Locality Name	Tax Class	Taxable Gross	Tax Amount	
					PASSIVE	798.78	33.55	

[Return to Search](#) | [Previous in List](#) | [Next in List](#) | [Notify](#)

Work Location | Job Information | Job Labor | Payroll | Compensation


Kodjogan Akakpo EMP ID: 1120055

Work Location	Active	Payroll Status: Active	Find	First 1 of 1	Last
HR Status:	08/15/2011	Sequence: 0	Go To Row		
*Effective Date:	Data Change	*Reason:	*Job Indicator:	Primary Job	
*Action:	02/25/2005	Termination Date:	Bedrock Data Conversion	Current	
Last Start Date:	Expected Job End Date	Position Number:	Position Entry Date:		
*Regulatory Region:	USA	USA	United States		
Company:	004	USA01	Whole Foods Market Group Inc		
*Business Unit:	1013132001	10131	Stores	Department Entry Date: 02/25/2005	
*Department:	10131	CHE	Front End Team Members		
*Location:	CHE	CHE	Chelsea		
*Establishment ID:			Chelsea	Date Created: 08/19/2011	

Job Data | Employment Data | Earnings Distribution | Benefits Program Participation

Save | Return to Search | Notify | Previous tab | Next tab | Refresh | Update/Display | Include History | Correct History

Work Location | Job Information | Job Labor | Payroll | Compensation



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[New Window](#) | [Help](#) | [Customize Page](#)

Paycheck Summary
Wfm Pay Check Summ

Summary Information

EmpID: 1245200 Name: Alam, Masukul
 Company: 004 Pay Group: TR Pay Period End: 11/06/2011 Page: 196 Line: 2 Separate Check:

Paycheck Information

Paycheck Status: Confirmed Paycheck Option: Check
 Issue Date: 11/10/2011 Paycheck Number: 892660
 Off Cycle Reprint Adjustment Corrected Cashed

Paycheck Totals

Earnings: 703.70
 Taxes: XXXXXXXXXX
 Deductions: 0.00
 Net Pay: 655.43

Earnings [Find](#) | [View All](#) First 1 of 1 Last

Begin Date: 10/24/2011 End Date: 11/06/2011 Add Line #: Reason: Not Specified

[Additional Data](#)

Salaried	Hourly	Overtime
Hours: 0.00	Hours: 70.37	Hours: 0.00
Rate: 10.000000	Rate: 10.000000	Rate: 0.000000
Earnings: 0.00	Earnings: 703.70	Earnings: 0.00
	Rate Code:	Rate Code:

Rate Used: Hourly Rate Shift: N/A Shift Rate:
 State: NY Locality: PQ023 MTA PAYROLL TAX (MCTMT)

Other Earnings						Customize Find Print First 1 of 1 Last
Code	Description	Rate Code	Rate Used	Hours	Rate	Amount

Deductions [Customize](#) | [Find](#) | [Print](#) First 1 of 1 Last

Code	Description	Class	Amount	Calculated Base

Taxes [Customize](#) | [Find](#) | [Print](#) First 1-11 of 11 Last

Tax Entity	State	Resident	Locality	Locality Name	Tax Class	Taxable Gross	Tax Amount

[Return to Search](#) | [Previous in List](#) | [Next in List](#) | [Notify](#)

http://hrprd.wholefoods.com/psp/hrprd/EMPLOYEE/HRMS/c/MAINTAIN_PAYROLL... 11/21/2011

FL-22-0355 0442

Work Location | Job Information | Job Labor | Payroll | Compensation

Masukul Alam EMP ID: 1245200

Work Location	Active	Payroll Status:	Active	Find	First 1 of 1 Last
*Effective Date:	08/19/2011	Sequence:	0	Go To Row	+
*Action:	Hire	*Reason:	New Hire	*Job Indicator:	Primary Job
Last Start Date:	08/19/2011	Termination Date:			Current
Expected Job End Date				Position Entry Date:	
Position Number:					
*Regulatory Region:	USA		United States		
Company:	004		Whole Foods Market Group Inc		
*Business Unit:	USA01		Stores	Department Entry Date:	08/19/2011
*Department:	1013132001		Front End Team Members		
*Location:	10131		Chelsea		
*Establishment ID:	CHE		Chelsea	Date Created:	09/09/2011

Job Data | [Employment Data](#) | [Earnings Distribution](#) | [Benefits Program Participation](#)

Save | Return to Search | Previous tab | Next tab | Refresh | Update/Display | Include History | Correct History

Work Location | Job Information | Job Labor | Payroll | Compensation

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name and address of Insured (Use street address only) Whole Foods Market, Inc. 550 Bowie Street Austin, TX 78703</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 512.477.4455</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured [REDACTED]</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number [REDACTED]</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>New York State Department of Labor Division of Labor Standards Permit and Certificate Unit, Room 266A State Office Campus, Building 12 Albany, NY 12240</p>	<p>3a. Name of Insurance Carrier ACE American Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a": [REDACTED]</p> <p>3c. Policy effective period: 9-30-2011 to 9-30-2012</p> <p>3d. The Proprietor, Partners or Executive Officers are: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p> <p>3e. Demolition is: (Definition of Demolition on Reverse) <input checked="" type="checkbox"/> included. <input type="checkbox"/> excluded.</p>

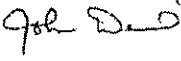
This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year after this form is approved by the insurance carrier or its licensed agent.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: John Deal
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  9-30-2011
(Signature) (Date)

Title: Managing Director

Telephone Number of authorized representative or licensed agent of insurance carrier: 214.740.8000

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Definition of Demolition (Box "3e." on the reverse side of this form)

A building wrecking or demolition is one where a building, chimney or steeple is razed, or where a floor, exterior wall or roof is removed. If the contract involves only the removal of interior walls, partitions or the facing only of any exterior wall, it is not considered demolition.

Out-of-State Companies Working in NYS – NYS Workers' Compensation and Disability Benefits Requirements for Permits, Licenses or Contracts issued by NYS Government Entities

Generally, employers must have a workers' compensation policy or a combination of policies that cover each state in which they employ permanent employees to cover on-the-job accidents and disabilities. As you are probably aware, certain insurance carriers write policies that cover multiple states. "Riders" found under sections 3A and 3C on the Information Page of the policy specify the states of coverage. In addition, the operations covered in each state are identified in attachments to the policy.

In addition to any other state's workers' compensation coverages, an out-of-state employer needs to be specifically covered for NYS workers' compensation insurance when there are "sufficient contacts" between that employer and the state. While there is no single determinative factor, any of the following criteria could be the basis for finding "sufficient contacts" requiring New York coverage:

- a physician location within New York State;
- \$50,000 in payroll during a calendar year in New York State;
- one or more employees (including subcontractors) with a primary work location or hired within New York State; or
- employees (including subcontractors) working in New York State for more than 90 days during a calendar year.

If an out-of-state employer meets any of the above criteria, it is required to carry a New York State workers' compensation policy. When New York is listed in **Item 3A** on the Information Page of an employer's workers' compensation insurance policy, the employer is fully covered under the NYS Workers' Compensation Law. If insured through a private insurance carrier, the out-of-state employer must file a C-105.2 – Certificate of Workers' Compensation Insurance (the business' insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The New York State Insurance Fund provides its own version of this form, the U-26.3. If the out-of-state employer is legally, fully self-insured in New York State, the out-of-state employer must file a SI-12 – Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247). If the out-of-state employer is participating in group self-insurance, the out-of-state employer must file a GSI-105.2 – Certificate of Participation in Worker's Compensation Group Self-Insurance (the business' Group Self-Insurance Administrator will send this form to the government entity upon request).

If an out-of-state employer does not meet any of the above criteria and has New York (NY) listed in **Item 3C** on the Information Page of its workers' compensation insurance policy (the Other States Insurance section), NYS specific coverage is not required and the employer may be able to use its own state's workers' compensation coverage by filing a WC/DB-101 form. [The out-of-state employer's employees will be covered under NY benefits when working in New York by having NY listed in **Item 3C** on the Information Page of the workers' compensation insurance policy (the Other States Insurance section).]

June 10, 2021

Mr. Jason Bogni, in-house counsel
Zara USA, Inc.
500 Fifth Ave. Suite 400
New York, NY 10110

Dear Mr. Bogni:

This letter comes in response to your recent petition on behalf of Zara USA, Inc. to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

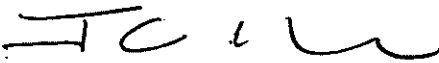
The New York State Department of Labor has instituted a new application procedure. The new procedure is explained on the attached application form. Please re-submit your client's petition in accordance with the instructions on the new application form.

Returned find the materials you originally submitted.

Mail your client's new petition to:

NYS Dept. of Labor
Room 185B (PCU), Building 12
State Office Campus
Albany, NY 12240

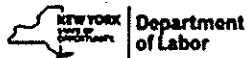
Sincerely,



J.C. Dacier
Investigative Officer 3

New York State Department of Labor

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Memorandum

To: Maura McCann
Director

From: J.C. Dacier
Supervising Labor Standards Investigator
Permit and Certificate Unit

Date: September 22, 2021

Re: Zara USA, Inc.
Request for authorization to pay manual workers less frequently than weekly

Zara USA, Inc. submitted documented information in support of its request to pay its manual workers bi-weekly.

Based upon the information supplied by the employer:

The average number of workers Zara USA, Inc. has employed in New York State in the three years preceding this request exceeds 1000:

There are no outstanding liabilities with New York State Unemployment Insurance or New York State Taxation and Finance

Confirmation of Worker Compensation and Disability Insurance Coverage

A labor organization currently represents the manual workforce and gives its written assent to Zara's petition.

Zara USA, Inc. has satisfied the conditions enumerated in Article VI, Section 191.1a(ii) of the New York State Labor Law, I recommend approval be granted.

There are no open claims or cases against this business in WPM.

Zara USA, Inc. contact person is: Mr. Jason Bogni, Employment & Labor Counsel

ROBERTA REARDON
Commissioner of Labor

New York State Department of Labor
W. Averell Harriman State Office Campus
Building 12, Room 500, Albany, NY 12240
www.labor.ny.gov

September 23, 2021

Mr. Jason Bogni, Employment & Labor Counsel
Zara USA, Inc.
500 Fifth Avenue, Suite 400
New York, NY 10110

Dear Madam/Sir:

This is in response to your recent correspondence on behalf of Zara USA, Inc. to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

The New York State Department of Labor has carefully reviewed the material submitted and determined that Zara USA, Inc. has satisfied all the conditions enumerated in the statute. The firm has employed 1,000 or more persons in New York State for the three years preceding its application; has furnished sufficient proof it has met and shall continue to meet its payroll responsibilities; and has furnished other information and proof in accordance with the conditions set forth under Section 191.1a(ii).

Therefore, I hereby grant authorization for Zara USA, Inc. to pay wages to its manual workers employed in New York State on a biweekly basis.

Sincerely,

Roberta Reardon

New York State Department of Labor

[Facebook](#) | [Twitter](#) | [YouTube](#) | [Linkedin](#)

C

ZARA USA, Inc.

500 Fifth Avenue
Ste. 400
New York NY 10110
Phone: + 1 212 355 1415
Fax: + 1 212 754 1128
www.zara.com



August 20, 2021

RE: Request to Pay Bi-Weekly

Dear Sir or Madam,

I write to provide information related to the request by Zara USA, Inc. ("Zara") to be permitted to pay manual workers in New York State on a bi-weekly basis instead of on a weekly basis.

I have been a Certified Public Accountant in the state of New York since 2010. I have been employed by Zara since 2013, and I have held my current position of Tax Manager since April 2013.

I have reviewed Zara's internal payroll reports showing amounts invoiced by Zara's payroll provider (ADP) and the corresponding amounts paid by Zara from January 2018 to the present, among other relevant information. The information I reviewed shows that Zara has timely paid in full each payroll invoice for the relevant time period.

This information was neither audited nor verified by me, and I make no representation nor do I provide any assurance regarding the accuracy of this information.

If you have any questions or concerns, please do not hesitate to contact me at (212) 355-1415.
Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read "Solange Mawussi Malm".

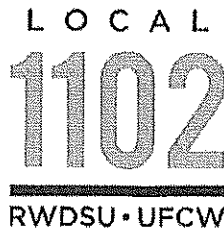
Solange Mawussi Malm, CPA

Licence # 103518-1

ALVIN RAMNARAIN
President

THOMAS F. ROWLAND
Secretary-Treasurer

RYAN BRUNET
Executive Vice President



MAIN OFFICE / MAILING ADDRESS:
311 Crossways Park Drive
Woodbury, New York 11797
P: 516.683.1102 F: 516.832.9205
www.local1102.org

MANHATTAN OFFICE:
370 7th Avenue – Suite 501
New York, New York 10001

December 17, 2019

Jason Bogni, Esq.
Zara USA, Inc.
500 5th Avenue, Suite 400
New York, NY 10110-0499

Re: Union Consent To Bi-Weekly Pay Variance (NYLL Sec. 191)

Dear Jason:

As you know, Local 1102 RWDSU UFCW (“Union”) is the certified bargaining representative for certain Zara retail employees in New York State, as set forth in the parties’ collective bargaining agreement and addenda thereto.

Pursuant to our recent discussion, the Union, as required under N.Y. Lab. Law § 191(i)(a)(ii), consents to Zara USA’s request to pay its unionized manual workers on a bi-weekly basis.

Also, as per our discussion, this change will have no impact on the rates of tax or other withholdings from employee paychecks.

Very truly yours,

A handwritten signature in black ink, appearing to read "Alvin Ramnarain". The signature is stylized and written over a horizontal line.

Alvin Ramnarain
President

E



Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

Form with fields: 1a. Legal Name & Address of Insured (Zara USA, Inc.), 1b. Business Telephone Number of Insured, 1c. NYS Unemployment Insurance Employer Registration Number of Insured, 1d. Federal Employer Identification Number of Insured or Social Security, 2. Name and Address of Entity Requesting Proof of Coverage (The City of New York), 3a. Name of Insurance Carrier (ACE American Insurance Company), 3b. Policy Number of Entity Listed in Box "1a", 3c. Policy effective period (2/1/2021 to 2/1/2022), 3d. The Proprietor, Partners or Executive Officers are included.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Sandra Paul-Chevannes (Print name of authorized representative or licensed agent of insurance carrier)

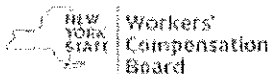
Approved by: Sandy Paul-Chevannes (Signature) (Date)

Title: Account Executive

Telephone Number of authorized representative or licensed agent of insurance carrier: (201) 356-3401

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

F



CERTIFICATE OF INSURANCE COVERAGE

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>ZARA USA, INC. 500 5TH AVENUE, NUMBER 400 NEW YORK, NY 10110</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number</p> <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p>	<p>3a. Name of Insurance Carrier</p> <p>HARTFORD LIFE AND ACCIDENT</p> <p>3b. Name of Entity Listed in Box "1a"</p> <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>3c. Policy effective period</p> <p style="text-align: center;">10-01-2020 to 09-30-2021</p>
<p>4. Policy provides the following benefits:</p> <p><input checked="" type="checkbox"/> A. Both disability and paid family leave benefits.</p> <p><input type="checkbox"/> B. Disability benefits only.</p> <p><input type="checkbox"/> C. Paid family leave benefits only.</p> <p>5. Policy covers:</p> <p><input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.</p> <p><input type="checkbox"/> B. Only the following class or classes of employer's employees:</p>	

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 06-24-2021

Elizabeth Tello

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 553-8074

Name and Title: Elizabeth Tello - Assistant Director, Statutory Services

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed

By

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number

Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (10-17)



11

G



**Department of
Taxation and Finance**

Office of Budget and Management Analysis
WA Harriman Campus, Albany NY 12227

September 22, 2020

Mr. Jason Bogni
Zara USA, Inc.
500 Fifth Avenue Ste 400
New York, NY 10110-

Re: Zara USA Inc

Dear Mr. Bogni:

In response to your request for tax information regarding the above-referenced taxpayer, the following is provided:

A search of our records does not indicate any outstanding tax warrants.

If you have questions regarding your request, please call (518) 530-4366.

Sincerely,

A handwritten signature in black ink that reads "Thomas Engel". The signature is written in a cursive style.

Thomas Engel
Income Tax Technician

ZARA USA, Inc.

500 Fifth Avenue
Ste. 400
New York NY 10110
Phone: + 1 212 355 1415
Fax: + 1 212 754 1128
www.zara.com



RECEIVED
NYS DEPARTMENT OF LABOR

SEP 16 2021

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT

September 14, 2021

Via FedEx

J.C. Dacier, Supervising Investigator
Permit & Certificate Unit
New York State Department of Labor
Building 12, Room 185-B (PCU)
State Office Campus
Albany, NY 12240

RE: Request to Pay Bi-Weekly

Dear Investigator Dacier,

I write to respectfully request, pursuant to New York Labor Law Section 191.1(ii), that Zara USA, Inc. ("Zara") be permitted to pay manual workers in New York State on a bi-weekly basis instead of on a weekly basis. To that end, enclosed herewith for your consideration is a completed Application for Authorization to Pay Manual Workers Less Frequently Than Weekly with supporting documentation attached demonstrating Zara's continuing ability to meet its payroll responsibilities.

If you have any questions or concerns, please do not hesitate to contact me at (646) 856-7346.
Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jason Bogni". The signature is fluid and cursive.

Jason Bogni
Employment & Labor Counsel

Encl.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1 a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Letter of Representation

Fill in each item if you are representing an employer or complainant in a Labor Standards matter.

Date: 9/14/21

Case File ID or Order to Comply Number: _____

Client/Member Represented (check one): Employer Complainant/Claimant

Client/Member Name: _____

Client Business Name: _____

Subject of Client's Claim (e.g. minimum wage, overtime etc.):

Representative Information (all fields must be completed)

Name: Jason Bogni

Organization/Firm Name: Zara USA, Inc.

Signature: [Handwritten Signature]

Title: Labor & Employment Counsel

Choose One: Attorney ^{Employee} Advocate Accountant Other: _____

Address: 500 Fifth Ave., Ste 400, New York, NY 10110

Telephone: 646-856-7346 Fax: _____

Email: jasonrb@us.inditex.com

Are you being compensated by the claimant? Yes No

Client/Member Authorization: I authorize the above named individual or organization to represent me in matters involving my complaint/claim. You have my permission to communicate or share information with my representative as necessary.

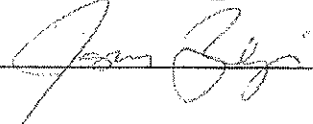
Client/Member Signature: _____

Attestation: I the undersigned applicant, as a responsible official of this firm, attest that the number of employees employed by the above-named employer has (check one):

in the 3 years preceding this application employed an average of 1,000 or more persons in New York State
or

has for 1 year preceding this application employed an average of 1,000 or more persons in New York State
and has for 3 years preceding the application employed an average of 3,000 or more persons outside the state.

Name: Jason Boggi Title: Employment Counsel

Signature:  Date: 9/14/21

There is no application fee.

from multiple pay periods or from multiple locations.

- B) A transcript of the number of individuals employed and remuneration paid as recorded on your business's quarterly NYS-45 reporting form for each quarter in each of the last three complete calendar years and for each completed quarter of the current calendar year. Under no circumstances should the business submit a copy of the original form.

The information should be arranged in a spreadsheet or matrix format with an individual row for each quarter in each year showing (in ascending date order) the sums for the number of individuals employed and remuneration paid as reported for each year.

The transcript must be accompanied by a signed and notarized affidavit prepared by the business's legal counsel wherein the business's divisional vice president or department head responsible for filing the NYS-45 attests to the genuineness and accuracy of the figures contained in the transcript.

If your business is seeking to qualify for a variance under the 3,000-employee threshold described earlier in this form then your business must also submit the same kind of transcripts compiled from figures on analogous quarterly reporting forms used in other states or localities.

- C) Proof of the company's continued ability to meet its payroll responsibilities including but not limited to an opinion letter from a certified public accountant affirming that the employer has not defaulted on any of its payroll obligations over the course of the three fiscal years preceding this application.
- D) If the manual workers in New York State are represented by any labor organization the employer must include letters from the appropriate union officials giving their assent to the requested pay period extension, or a copy of a contract in effect wherein a bi-weekly or semi-monthly pay period has been agreed upon.
- E) Proof of employer's coverage for workers' compensation insurance. Acceptable forms are: C-105.2; U-26.3; SI-12, GSI-105.2.

Acord liability insurance forms are not accepted as proof of workers' compensation coverage.

- F) Proof of employer's coverage for disability insurance. Acceptable forms are: DB 120.1; DB-155.
- G) Proof of no outstanding warrants for failure to remit state personal income tax withholdings. Proof is obtained by writing to the New York State Department of Taxation and Finance (address below) to issue a letter certifying that fact. Be sure to reference the Federal Employer Identification Number (FEIN).

The letter must accompany the application, do not submit it under separate cover.

New York State Department of Tax and Finance
Disclosure and Government Exchange
Attention: Thomas Engle, Tax Technician III
Building #8, Room 700
NYS Office Building Campus
Albany, NY 12227
Phone: 518-530-4362

- H) Proof that there are no outstanding warrants against the employer for failure to remit unemployment insurance contributions. The **Division of Unemployment Insurance** may provide proof to us directly, if a responsible officer of the employer executes the attached **RELEASE FORM**.

SEP 16 2021

DIV OF LABOR STANDARDS
PERMIT & CERT UNIT


Permit and Certificate Unit
State Office Campus,
Building 12, Rm. 185B (PCU)
Albany, NY 12240

Application for Authorization to Pay Manual Workers Less Frequently Than Weekly

According to Section 191.1(a) of the Labor Law, an employer may qualify for a variance if

- in the 3 years preceding the application it has employed an average of 1,000 or more persons in this state, or
- for 1 year preceding the application it has employed an average of 1,000 or more persons in this state and has for 3 years preceding the application it has employed an average of 3,000 or more persons outside the state
- it furnishes satisfactory proof of the continuing ability to meet its payroll responsibilities.

Answer the following questions and provide the requested information in order to apply for a variance to pay manual workers bi-weekly or semi-monthly:

1. Legal name of employer: Zara USA, Inc.
2. Trade name: ZARA
3. Address: 500 5th Ave Ste. 400, New York, NY 10110
4. FEIN: 
5. The person filing this application on behalf of the employer must complete and submit a letter of representation form found at this link:

<https://dol.ny.gov/system/files/documents/2021/03/ls11.pdf>

6. Are the manual workers covered by this request represented by a labor organization? Yes No

If yes, provide the name, title, address, direct phone number and e-mail address of any labor official at the local or national level who represents the employees in question. Use an additional sheet, if necessary.

- 6a. Name: Alvin Ramnarian Title: President, Local 1102 RWDSU UFC
(print) (print)
- 6b. Address: 311 Crossways Park Drive, Woodbury, NY 11797
- 6c. Phone Number: 917-679-2607 E-mail: alvin@local1102.org

This application must be submitted with the items listed below and mailed to the address shown in the top left-hand corner of this form. All required items must come in a single mailing. Please do not submit any item pertaining to this application under separate cover.

- A) One recent pay period's computerized payroll record from any single NYS location. Those records should include the address of the location where the employees work and for each individual employee the following: i) first and last name and department or occupation, ii) wage rate, iii) hours worked, iv) gross wages paid, v) itemized deductions from wages; and, vi) net wages. Do not include employee SSNs or addresses or any other data not listed in this paragraph. Do not include payrolls

June 10, 2021

Mr. Jason Bogni, in-house counsel
Zara USA, Inc.
500 Fifth Ave. Suite 400
New York, NY 10110

Dear Mr. Bogni:

This letter comes in response to your recent petition on behalf of Zara USA, Inc. to pay its manual employees in New York State on a biweekly basis pursuant to New York State Labor Law Section 191.1a(ii).

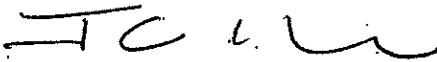
The New York State Department of Labor has instituted a new application procedure. The new procedure is explained on the attached application form. Please re-submit your client's petition in accordance with the instructions on the new application form.

Returned find the materials you originally submitted.

Mail your client's new petition to:

NYS Dept. of Labor
Room 185B (PCU), Building 12
State Office Campus
Albany, NY 12240

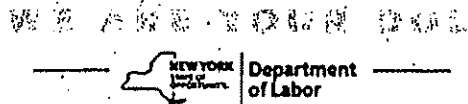
Sincerely,



J.C. Dacier
Investigative Officer 3

New York State Department of Labor

[Facebook](#) | [Twitter](#) | [YouTube](#) | [LinkedIn](#)



New York State Department of Labor
Harriman State Office Campus
Building 12, 185B, Albany, NY 12240
www.labor.ny.gov
518-457-1942

RELEASE FORM – DISCLOSURE INFORMATION

Pursuant to the request, initiated by

Zara USA, Inc.
(Please print legal name of **EMPLOYER**)

to pay its manual workers on a biweekly or semimonthly basis,

I, Emma Redondo
(Please print **NAME** of responsible officer signing release form)

Human Resources Director
(Please print **TITLE** of responsible officer signing release form)

hereby authorize the Division of Unemployment Insurance to disclose to the Permit and Certificate Unit of the Division of Labor Standards of New York State Department of Labor its record, if any, of said employer's Unemployment Insurance tax liabilities.

[Redacted] Federal Employer Identification Number
(FEIN)
(FEIN)

[Redacted] Unemployment Insurance Employer Registration Number
(ER#)
(ER#)

Emma Redondo
Signature

May 21st 2021
Date

New York State Department of Labor

W. Averell Harriman

State Office Building Campus

Room # 309

Albany, New York 12240

4 (6-07)

FIRST CLASS

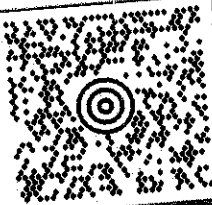
5 LBS

1 OF 1

MAILROOM
(518) 457-6647
NYS DEPT OF LABOR
1220 WASHINGTON AVE
ALBANY NY 12226-1800

SHIP TO:
JULIO SHARP-WASSERMANLI
OUTT
25TH FLOOR
685 3RD AVE
NEW YORK NY 10017

24



NY 100 9-44



UPS GROUND

TRACKING #: 1Z 115 627 03 5904 1677



BILLING: P/P

WS 24.0.17

LP2844 11.0A 07/2022



SEE NOTICE ON REVERSE regarding UPS Terms, and notice of limitation of liability. Where allowed by law, shipper authorizes UPS to act as forwarding agent for export control and customs purposes. If exported from the US, shipper certifies that the commodities, technology or software were exported from the US in accordance with the Export Administration Regulations. Diversion contrary to law is prohibited. RRD R 1221