STIPULATION

| STATE OF NEW YORK | SUPREME COURT | |
|-------------------------------------------------------------------------|-----------------|-----------------------|
| APPELLATE DIVISION | THIRD DEPARTMEN | <u>T_</u> |
| In the Matter of the Claim of | | |
| | Appellant | , |
| V | | , |
| | Respondent | , |
| Workers' Compensation Board, | | |
| | Respondent | • |
| WCB No | | |
| | | |
| oregoing are correct and complete and hereby constitute the Record o | | |
| Date | Appellan | t |
| Date | (Attorney | y General) Respondent |
| Date | Respond | dent |
| Date | Respond | Nent . |

AFFIRMATION OF SERVICE OF MAILING

| annexed stipulation by mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address(es) as indicated below: (Insert below the name(s) and address(es) of the person(s) to whom you are mailing the papers being filed with this Court. If necessary, attach extra pages for additional names and addresses.) Name & Address Name & Address Workers' Compensation Board Attorney General Department of Law, Labor Bureau 28 Liberty Street, 15th Fl. New York, NY 10005 I affirm thisday of, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law. (Signature) | On the | day of | , 20 | , I served a true copy of the | | |
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| addressed to the last known address(es) as indicated below: (Insert below the name(s) and address(es) of the person(s) to whom you are mailing the papers being filed with this Court. If necessary, attach extra pages for additional names and addresses.) Name & Address | annexed stip | annexed stipulation by mailing the same in a sealed envelope, with postage prepaid thereon, | | | | |
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Revised: January 1, 2024