

U.S. Department of Labor
Employment Standards Administration

Wage and Hour Division

FLCE Certificate of Registration

No. E-09-114893-A-10-R

Expires 01/31/2010



Name NICHOLSON, SCOTT

I certify that the person named above is registered pursuant to the Migrant and Seasonal Agricultural Worker Protection Act and is authorized to perform the following activities covered by the Act: recruit, solicit, furnish, hire and employ.

Employer's Name PLANTEL NURSERIES, INC.

Registration Number C-09-133598-A-10-R

Driving Authorized Not Authorized

Approved Sharlyn Simon Date 02/01/2008

(National Certification Program Manager) Form WH-513 (6/84)

Social Security Account No. 241-11-4893

Permanent Home Address: 620 PIONEER DRIVE

Santa Maria CA 93454
(City or Town) (State) (Zip Code)

Date of Birth 08/11/1959 Height 5' 11"
(Month)(Day)(Year)

This certificate is based on the Migrant and Seasonal Agricultural Worker Protection Act and regulations issued thereunder, and on my application for registration. It may be revoked or suspended, or its renewal denied, for noncompliance with the Act or regulations. Such noncompliance may constitute a criminal offense.

(Signature of Holder) (Title)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

Farm Labor Contractor Certificate of Registration

No. C-09-133598-A-10-R

Expires 01/31/2010



Name PLANTEL NURSERIES, INC.

I certify that the person named above is registered pursuant to the Migrant and Seasonal Agricultural Worker Protection Act and is authorized to perform the following activities covered by the Act: Recruit, solicit, furnish, hire and employ.

Transportation Authorized Not Authorized
Housing Authorized Not Authorized
Driving Authorized Not Authorized

Approved Sharlyn Simon Date: 02/01/2008

(National Certification Program Manager) WH-511 (6/96)
142242

Social Security Account No.

Social Security Employer ID No. 77-0133598

Perm. Home Address: 2890 TELEPHONE RD.

Santa Maria CA 93454
(City or Town) (State) (ZIP Code)

Date of Birth Height "" Weight
(Month) (Day) (Year)

This Certificate is based on the Migrant and Seasonal Agricultural Worker Protection Act and regulation issued thereunder, and on my application for registration. It may be revoked or suspended, its renewal denied, for noncompliance with the Act or regulation, including applicable requirements for transporting and housing migrant workers. Such noncompliance may constitute a criminal offense.

(Signature of Holder) (Title)