

July 29, 2010



MASTER CLEAN USA INC.  
5730 HOLLISTER AVE  
STE E  
GOLETA, CA 93117-3466

Re: Barrett Business Services, Inc. ("BBSI")  
Letter of Self-Insurance for Workers' Compensation Coverage

As the named addressee of this Letter, your company's required workers' compensation coverage is provided through BBSI's state approved Self-Insured Workers' Compensation Plan by way of your co-employment contract with BBSI. BBSI's California customers can also verify BBSI's state certification at <http://www.dir.ca.gov./SIP/sip.html>; next, click on "Rosters"; then click on Private self insured employers; then scroll down to Barrett (the list is numeric by license number). Additional information is as follows:

Self Insurance Certification Number:

California:	2246
Oregon:	1068
Washington:	706, 116
Delaware:	152
Maryland:	11365
Colorado:	463

Other Comments (place an "X" if applicable):

Named "Letter Holder": cert ,

Other:

Additionally, BBSI's self-insured program is further supported by an excess workers' compensation insurance policy with American International Group (AIG), see accompanying certificate of insurance.

For additional information, please contact your local BBSI office at: (805) 987-0331 .

Very truly yours,

Michael L. Elich  
Vice President and Chief Operating Officer

BBSI Office: CAMARILLO

doc: LOSI-2

**CERTIFICATE OF INSURANCE**

Issue Date:

<p><b>PRODUCER</b>                  Ron Graybeal                  Beecher Carlson Insurance Agency                  220 NW 2nd Avenue, Suite 800                  Portland, OR 97209-3951</p>	<p>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 POLICIES BELOW.</p> <p style="text-align: center;"><b>COMPANIES AFFORDING COVERAGE</b></p> <p>COMPANY LETTER A National Union Fire Insurance Company of Pittsburg PA</p> <p>COMPANY LETTER B</p> <p>COMPANY LETTER C</p> <p>COMPANY LETTER D</p> <p>COMPANY LETTER E</p>
<p><b>INSURED</b>                  Barrett Business Services, Inc                  8100 NE Parkway, Suite 200                  Vancouver WA 98662</p>	

**COVERAGES**  
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE		
	<input type="checkbox"/> GENERAL LIABILITY				GENERAL AGGREGATE	\$XXX,XXX
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Policy Number	Effective Date	Expiration Date	PRODUCTS-COMP/OPS AGGREGATE	\$XXX,XXX
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADVERTISING IN JURY	\$XXX,XXX
	<input type="checkbox"/> OWNER'S & CONTRACTORS PROT.				EACH OCCURRENCE	\$XXX,XXX
					FIRE DAMAGE (Any one fire)	\$XXX,XXX
					MEDICAL EXPENSE (Any one person)	\$XXX,XXX
	<input type="checkbox"/> AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT	\$XXX,XXX
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY(Per person)	\$XXX,XXX
	<input type="checkbox"/> SCHEDULE AUTOS				BODILY INJURY (Per accident)	\$XXX,XXX
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$XXX,XXX
	<input type="checkbox"/> NON-OWNED AUTOS				COLLISION DEDUCTIBLE	\$XXX,XXX
	<input type="checkbox"/> GARAGE LIABILITY				COMPREHENSIVE DEDUCTIBLE	\$XXX,XXX
	<input type="checkbox"/> EXCESS LIABILITY				AGGREGATE	
	<input type="checkbox"/> UMBRELLA FORM				\$XXX,XXX	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS COMPENSATION				\$15,000,000	LIMIT
A	AND EMPLOYERS' LIABILITY	4880390	1/1/2010	1/1/2011	\$1,000,000	(EACH ACCIDENT)
					\$1,000,000	(DISEASE-POLICY LIMIT)
					\$1,000,000	(DISEASE-EACH EMPLOYEE)

**OTHER**  
 Covered states - CA DE OR WA

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/ RESTRICTIONS/SPECIAL ITEMS**  
 Limits shown are above a \$5 000,000 self-insured retention

<p><b>CERTIFICATE HOLDER</b>                  This section intentionally left blank</p>	<p><b>CANCELLATION</b>                  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES.</p> <p>Authorized Representative                  R Graybeal, CPCU, ARM </p>
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