DL-123 (1/88) **DRIVER LICENSE LIABILITY INSURANCE CERTIFICATION**

Insured Driver Matthew G. Pierson Date of Birth 03-22-1999

Policyholders(s) David M. Jones

Tya P. Jones

Insurance Company State Farm Mutual Automobile Insurance Company

Policy Number 187 8247-F01-33 Effective Date 06-01-2015 Expiration Date 12-01-2015

Agency Name Todd Younker Insurance Agency, Inc. -Agent Code - 33-6407 704-545-9111

Agents Signature Renee A Waton

Date this DL-123 Completed 8/8/2015

License Number if Issued Examiner Number

I hereby certify that coverage as shown above is in effect on the date.

(SIGNATURE OF APPLICANT) (DATE)

G-4180 NC.1