STATE OF WISCONSIN	)	
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DEPARTMENT OF WORKFORCE	)	
DEVELOPMENT	)	

TO THE PEOPLE OF THE STATE OF WISCONSIN:

I, Reginald J. Newson, Secretary of the Wisconsin Department of Workforce Development and custodian of the department's official records, certify that the attached rule affecting chs. DWD 111, 113, 114, 115, 132 and 140, relating to quarterly wage reporting, settlement of disputes and compromise of liabilities, license revocation and financial record matching, business transfers, determining eligibility of benefits and unemployment insurance appeals was duly approved and adopted by this department on June _____, 2014.

I further certify that I have compared the attached rule copy with the signed original on file with the department and that the attached copy is a true and complete copy of the original.

Signed and sealed at the department offices in the city of Madison, Dane County, Wisconsin, this _____ day of June, 2014.

_____

Reginald J. Newson, Secretary