



Please Indicate What Shift and Department You Are In:

Name: Conway Cadotte

Shifts:

Day Shift

Night Shift

Departments:

Finishing

Nose Cones

Material Prep

Stores

Prefab

Mould

Maintenance

Project Crew

Resin Mixing

CMG Consultant Signature

Date



SUMMARY

This associate handbook is intended to facilitate communication between you, CMG, and **SUZLON ROTOR CORPORATION**. It is not to be considered an employment contract obligating you, CMG, or **SUZLON ROTOR CORPORATION** to any indefinite employment relationship.

Reading the entire handbook at least one time will give you a good idea of its general content. Then, you will be able to use it easily as a quick reference manual. Revisions and updates are made to this information from time to time and will be communicated to you. It is your responsibility to stay informed of all updates to this handbook.



ACKNOWLEDGMENT

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

1. This handbook is intended as a guide and **not** an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to **notify** my CMG Consultant **immediately** of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to my CMG Consultant.

Date:

April 4th 2008

Associate's Signature:



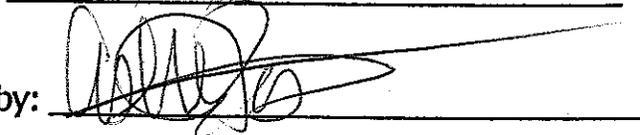
Associate's Printed Name:

Conway C. Cadotte

Social Security #:

504-92-4178

Orientation provided by:





EMPLOYEE CONFIDENTIALITY AGREEMENT

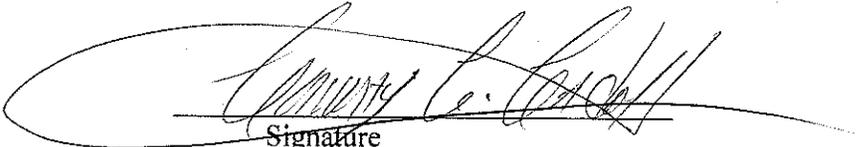
In consideration of my employment at Corporate Management Group, Inc. (CMG), I understand and agree that it is my duty not to disclose confidential information as specified in this agreement.

CMG employs people on a temporary basis, assigning them to work for client companies. CMG is dependent upon client companies for continued business success. Any information pertaining to client companies is the property of CMG and is necessary for its growth.

Realizing the importance of this material, and as a condition of my temporary assignment with CMG, I agree that:

I will guarantee to safeguard CMG's client information received during my temporary assignment with CMG. I will not disclose any information gained through the performance of my job without authorization by CMG. I agree to keep all confidential matters of CMG secret during my temporary assignment with them and at the end of my temporary assignment shall not disclose any such information without specific written authorization from CMG. Upon the request of CMG, I agree to deliver to CMG upon termination of my temporary assignment, for whatever reason, all memorandums, notes, records, reports, manuals or other documents of confidential nature. It is understood that while on Suzlon Rotor Corporation premises, CMG employees will conduct themselves in accordance to the expectations of the Suzlon Rotor Corporation employees. CMG agrees that terms and conditions of Suzlon Rotor Corporation's contracts with their clients extend to CMG.

4.4.08
Date


Signature

Revised: 10/07

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

| | | | |
|---|------------------------|-----------------------------|--|
| Print Name: Last <u>Cardotte</u> | First <u>Conway</u> | Middle Initial <u>C.</u> | Maiden Name |
| Address (Street Name and Number) <u>109 N. Dubuich</u> | | Apt. # <u>4</u> | Date of Birth (month/day/year) <u>9.23.75</u> |
| City <u>SIOUX FALLS</u> | State <u>S.D.</u> | Zip Code <u>57104</u> | Social Security # <u>504.92.4178</u> |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____

(Alien # or Admission #) _____

| | |
|--------------------------|--|
| Employee's Signature | Date (month/day/year) <u>4.4.08</u> |
|--------------------------|--|

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | |
|--|--------------------------------|
| Preparer's/Translator's Signature | Print Name _____ |
| Address (Street Name and Number, City, State, Zip Code) _____ | Date (month/day/year) _____ |

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A | OR | List B | AND | List C |
|---------------------------------|----|----------------------------|-----|------------------------|
| Document title: _____ | | <u>Depart. Corrections</u> | | <u>Birth Cert.</u> |
| Issuing authority: _____ | | <u>SD</u> | | <u>SD</u> |
| Document #: _____ | | <u>00038180</u> | | <u>140-1975-007897</u> |
| Expiration Date (if any): _____ | | <u>11-13-07</u> | | |
| Document #: _____ | | | | |
| Expiration Date (if any): _____ | | | | |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 4/4/08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|---|------------------------------------|--|
| Signature of Employer or Authorized Representative | Print Name <u>Ashley Postma</u> | Title <u>Administrative Assistant</u> |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>CMG 12000 Washington Street Ste 290, Thornton, CO 80241</u> | | Date (month/day/year) <u>4/4/08</u> |

Section 3. Updating and Reverification. To be completed and signed by employer.

| | | |
|--|---|---------------------------------|
| A. New Name (if applicable) _____ | B. Date of Rehire (month/day/year) (if applicable) _____ | |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. | | |
| Document Title: _____ | Document #: _____ | Expiration Date (if any): _____ |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | |
|---|--------------------------------|
| Signature of Employer or Authorized Representative _____ | Date (month/day/year) _____ |
|---|--------------------------------|

NUM1 DTE:02/12/08 SSN:504-92-4178 KC: UNIT:023 PG:001

SOCIAL SECURITY ADMINISTRATION
SOCIAL SECURITY NUMBER VERIFICATION

OUR RECORDS INDICATE THAT SOCIAL SECURITY NUMBER 504-92-4178 IS
ASSIGNED TO CONWAY, COLLIN, CADOTTE,

YOUR SOCIAL SECURITY CARD IS THE OFFICIAL VERIFICATION OF YOUR SOCIAL SECURITY
NUMBER. THIS PRINTOUT DOES NOT VERIFY YOUR RIGHT TO WORK IN THE UNITED STATES.

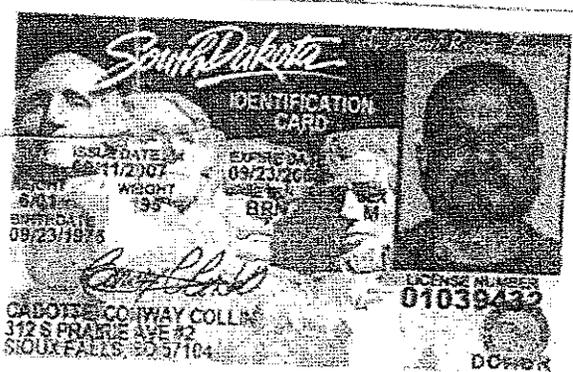
PROTECT YOUR SOCIAL SECURITY NUMBER FROM FRAUD AND IDENTITY THEFT. BE CAREFUL
WHO YOU SHARE YOUR NUMBER WITH.

SOCIAL SECURITY ADMINISTRATION
3400 W 49TH STREET STE 100
SIOUX FALLS, SD 57105-6558



RANDY LUEKING
DISTRICT MANAGER

Mary Snyder
Steve J.P.



CERTIFICATE OF BIRTH

FILE NUMBER: 140-1975-007897

NAME: CONWAY COLLIN CADOTTE

SEX: MALE

DATE OF BIRTH: 09/23/1975

FILE DATE: 09/29/1975

COUNTY OF BIRTH: WALWORTH

MOTHER'S NAME
PRIOR TO FIRST MARRIAGE: DORIS PAULINE TIGER

FATHER: SAMUEL TYRUS CADOTTE

*This is a true certification of the official vital Record
filed in the Department of Health as provided in
Chapter 34-25 of the SOUTH DAKOTA CODIFIED LAWS.*

ISSUED BY MINNEHAHA COUNTY REGISTER OF DEEDS

Anthony C Nelson

ANTHONY C NELSON
STATE REGISTRAR

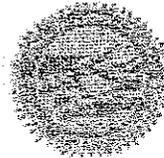
Julius D. Perry
02/12/2008

DATE ISSUED

500583472

Department of Corrections

State of



South Dakota



The Honorable
Secretary

Discharge
ID

ID Number

00030180

Expiration Date

11/03/007

NAME: CONWAY C CABOTTE

DOB: 05/21/1975

Signature

Sex: M | Height: 5'10" | Weight: 195 | Hair: BN | Eyes: BWN

SSN: 504-92-4378

Issued at: SFC

Issuing

Officer:

W. J. Rosheim

Date of Issue

08/16/2007

SGT ROSHEIM

This identification card is the sole property of the Department of Corrections. Unlawful possession or use is strictly prohibited and it must be surrendered to any Law Enforcement Officer or DCC employee immediately upon request.

This card is in compliance with I-9 regulations column b, #2 for employment purposes.

Return Postage Guaranteed. SD Department of Corrections
5200 East Hwy 54, Pierre, South Dakota 57501

Rev. 01/2002

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 04/07/2008
Page: 1 of 1

Case Verification Number: 2008098105042LJ

Initial Verification:

| | | | |
|-------------------------|---------------------|-----------------------|--|
| Last Name: | cadotte | First Name: | conway |
| Middle Initial: | | Maiden Name: | |
| Social Security Number: | 504-92-4178 | Date of Birth: | 09/23/1975 |
| Hire Date: | 04/07/2008 | Citizenship Status: | Citizen or National of the United States |
| Alien Number: | | I-94 Number: | |
| Document Type: | List B, C Documents | Doc. Expiration Date: | |
| Initiated By: | APOS3210 | Initiated On: | 04/07/2008 |

Initial Verification Results:

Initial Eligibility: EMPLOYMENT AUTHORIZED

SSA Referral:

Referral By: Referral Date:

Verification Response:

Eligibility: Response Date:

SSA Resubmittal:

| | | | |
|-------------------------|--|----------------|--|
| Last Name: | | First Name: | |
| Middle Initial: | | Maiden Name: | |
| Social Security Number: | | Date of Birth: | |
| Initiated By: | | Initiated On: | |

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:
Initiated By: Initiated On:

Verification Response:

Eligibility: Response Date:

DHS Referral:

Referral By: Referral Date:

DHS Referral Results:

Eligibility: Response Date:

Case Resolution:

| | | | |
|-----------------|---------------------|--------------|------------|
| Resolve Option: | Resolved Authorized | | |
| Resolved By: | APOS3210 | Resolved On: | 04/07/2008 |

SENSITIVE BUT UNCLASSIFIED

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent. A 1

B Enter "1" if: B 1

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) E _____

F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit F _____

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
- If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H 2

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

| | | |
|--|--|---|
| Form W-4 Department of the Treasury Internal Revenue Service | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2008</div> |
| 1 Type or print your first name and middle initial. Last name Conway Cadotte | | 2 Your social security number 504 92 4178 |
| Home address (number and street or rural route) 312 S Prairie Ave 109 N. Duluth #4 | | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code Sioux Falls, SD 57104 | | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/> |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 <u>2</u> 6 \$ |
| 7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 | | |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. | | |
| Employee's signature (Form is not valid unless you sign it.) | | Date <u>4.4.08</u> |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | | 9 Office code (optional) 10 Employer identification number (EIN) |