

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-authorized 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 Dingfelder	First Donald	Middle Initial W	Maiden Name
Address (Street Name and Number) 27600 McNally Ridge Rd		Apt. #	Date of Birth (month/day/year) 12/13/1958
City Winona	State MN	Zip Code 55987	Social Security # 476-82-9514

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.

Donald W. Dingfelder
Employee's Signature

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Date (month/day/year) 03/23/2012

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>Drivers License</u>		<u>Birth Certification</u>
Issuing authority: _____		<u>State of MN</u>		<u>State of MN</u>
Document #: _____		<u>A001060799901</u>		<u>44541</u>
Expiration Date (if any): _____		<u>12-13-2012</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) 3-23-12 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Tina Hsui</i>	Print Name <u>Tina Hsui</u>	Title <u>Account Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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 authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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)

**STATE OF MINNESOTA
WINONA COUNTY**

44541 789-A

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF LIVE BIRTH

BIRTH NO.

1. PLACE OF BIRTH: STATE OF MINNESOTA a. COUNTY Winona		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Minnesota b. COUNTY Winona	
b. TOWNSHIP	c. VILLAGE	c. TOWNSHIP Homer	d. VILLAGE
d. CITY Winona		e. CITY	
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		f. ADDRESS OF MOTHER Post Office Street address or R.F.D. No.	
f. Is place of birth inside corporate limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		g. Is residence inside corporate limits? Yes <input type="checkbox"/> No <input type="checkbox"/> h. Is residence on a farm? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME (Type or Print) (First) (Middle) (Last) DONALD WAYNE DINGFELDER			
4. SEX Male 5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
6. DATE OF BIRTH December 13, 1958		7. AGE (At time of this birth) 18 YEARS	
7. NAME (First) (Middle) (Last) Melvin LeRoy Dingfelder			
9. BIRTHPLACE (State or foreign country) Wisconsin		10a. USUAL OCCUPATION Serviceman	
10b. KIND OF BUSINESS OR INDUSTRY Army		11. MAIDEN NAME (First) (Middle) (Last) Alida Ann Olson	
12. BIRTHPLACE (State or foreign country) Minnesota		14. USUAL OCCUPATION	

MOTHER FATHER CHILD

I hereby certify that this is the record of birth as officially filed
December 26, 1958 pursuant to the
Uniform Vital Statistics Act.

Mildred Olson
Deputy State Registrar
Minnesota State Board of Health

04860

CERTIFIED TO BE AN EXACT COPY OF THE OFFICIAL RECORD
REGISTERED IN THE OFFICE OF THE WINONA COUNTY RECORDER.

DATE ISSUED: April 20, 1998

Susan Backlund
ROBERT J. BAMBENEK
COUNTY RECORDER

THIS CERTIFIED COPY CONTAINS A MULTI-COLORED BACKGROUND, A RAISED SEAL AND THE SIGNATURE OF THE COUNTY RECORDER.

MINNESOTA

DRIVER'S LICENSE

DONALD WAYNE DINGFELDER
27600 MCNALLY RIDGE ROAD
WINONA, MN 55987

Date of Birth 12-13-1958

Sex	Eyes	Class
M	BLU	D

Height	Weight
5-10	290

ISSUED 01-2009

EXPIRES 12-13-2012



A001060799901



[Handwritten signature]

Form W-4 (2011)

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 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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 Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. 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	<u>1</u>
B	Enter "1" if: { • 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. }	B	<u>0</u>
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	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>0</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u>0</u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	<u>0</u>
(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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children	G	<u>0</u>
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.) 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 (\$10,000 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.	H	<u>1</u>

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	Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2011
▶ 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.			
1 Type or print your first name and middle initial. Donald W		Last name Dingfelder	2 Your social security number 476829514
Home address (number and street or rural route) 27600 McNally Ridge Rd		3 <input type="checkbox"/> Single <input checked="" 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 Winona, MN 55987		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>0</u>	
6 Additional amount, if any, you want withheld from each paycheck		6 \$	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • 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 (This form is not valid unless you sign it.) ▶ <i>Donald W. Dingfelder</i>		Date ▶ 3-23-2012	
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)



Background Investigation Information Release Form

I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and/or retention. I hereby authorize **Corporate Management Group, Inc.** to obtain a background report containing the foregoing information from Express Screening, P.O. Box 812289, Boca Raton, Florida 33481.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request To Express Screening within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Express Screening, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Express Screening, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Express Screening, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

I AUTHORIZE CMG TO CONTACT PRIOR EMPLOYER YES NO

03-23-2012

Donald W. Dingfelder

DATE

APPLICANT'S SIGNATURE

Printed Name: DONALD W. DINGFELDER

Social Security No. 476 82 9514 Birth date: 12/13/1958

Address: 27600 McNALLY RIDGE RD

City/State/Zip: WINONA, MN 55987

†Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.



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03-23-2012

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EMPLOYEE INFORMATION (Must Be Filled Out) **ENROLLMENT FORM - PLAN 2**

Social Security Number **476-82-9514**
 Date of Birth **12/13/1958** Sex M F
 Name **DONALD W. DINGFELDER**
 Street Address **27600 McNALLY RIDGE RD**
 City **WINONA** State **MIN** Zip **55987**
 Home Phone **507-643-6877**

Do you or any dependents have Medicare?
 Yes No If Yes:
 Medicare Health Insurance Claim Number (HICN)
 Medicare Effective Date /
 Names of Covered Person(s)
 1. _____
 2. _____
 3. _____
 4. _____

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no medical selection is a declination of coverage.
 Signature *Donald W. Dingfelder* Date **03/23/2012**

- You MUST enroll in the Medical Insurance Plan before adding any additional benefits.
- Your coverage level for the additional benefits will be identical to your medical plan selection.

BENEFIT SELECTION

MEDICAL

\$23.69 Employee Only
 \$48.08 Employee +1
 \$64.20 Employee + Family
 NO to all benefits.
If checked, stop! Go no further.

DENTAL

YES \$5.23 Employee Only
 YES \$10.48 Employee +1
 NO \$17.26 Employee + Family

VISION

YES \$2.35 Employee Only
 YES \$4.00 Employee +1
 NO \$5.64 Employee + Family

TERM LIFE

YES \$0.60 Employee Only
 YES \$0.90 Employee +1
 NO \$1.80 Employee + Family

SHORT-TERM DISABILITY

YES \$4.20 Employee Only
 NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

REQUIRED DEPENDENT INFORMATION

Name _____
 Social Security Number -
 Date of Birth //
 Relationship: Spouse Domestic Partner Child

Name _____
 Social Security Number -
 Date of Birth //
 Relationship: Spouse Domestic Partner Child

Name _____
 Social Security Number -
 Date of Birth //
 Relationship: Spouse Domestic Partner Child

Name _____
 Social Security Number -
 Date of Birth //
 Relationship: Spouse Domestic Partner Child

BENEFICIARY INFORMATION

For Term Life \Accidental Loss of Life, Limb & Sight, please write in your beneficiary information.

NAME OF BENEFICIARY

RELATIONSHIP

Accidental Loss of Life, Limb & Sight is part of the Medical Benefit.