Please Indicate What Shift and Department You Are In:

Name: DEHjORNYOHN GAYETAYE

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: 6-27-08

Associate's Signature: Dehjorn Gayetaye

Associate's Printed Name: DEHjORNYOHN GAYETAYE

Social Security #: 503-41 6795

Orientation provided by: [illegible]

CORPORATE MANAGEMENT GROUP

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.

6-27-08
Date

Signature

Revised: 10/07

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 06/30/09

Form I-9, Employment Eligibility Verification

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	First	Middle Initial	Maiden Name
GAYETAYE	DEHjORNYOHN	P.	
Address *(Street Name and Number)*		**Apt. #**	**Date of Birth** *(month/day/year)*
2302 E 6 STREET			5-6-70
City	**State**	**Zip Code**	**Social Security #**
Sioux Falls	SD	57103	503 41 6795

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 212041612
- ☐ An alien authorized to work until _____ (Alien # or Admission #) _____

Employee's Signature: D Gayetaye — Date *(month/day/year)*: 6/27/08

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:	I-94				
Issuing authority:	US GOV'T				
Document #:	35418692011				
Expiration Date *(if any)*:	N/A				
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)* 6/27/08 **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	Title
[signature]	Ashley Postma	Admin Assistant
Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*		**Date** *(month/day/year)*
CMG 1200 Washington St Ste 290 Thornton CO 80241		6/27/08

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)*

Departure Number

354186920 11

Immigration and
Naturalization Service

I-94
Departure Record

ADMITTED AS A PAROLEE
PURSUANT TO SEC. 207 OF
THE INA ACT. IF YOU DE-
PART THE U.S., YOU WILL
NEED PRIOR PERMISSION
FROM INS TO RETURN.
EMPLOYMENT AUTHORIZED

CLASS DATE EXP DATE

14. Family Name
GAYETAYE

AL 41 -32 JAN 19 2006

15. First (Given) Name
DEHJORNYOHN

16. Birth Date (Day/Mo/Yr)
06 05 70

17. Country of Citizenship
LIBERIA

See Other Side

ENGLISH

STAPLE HERE

Warning - A nonimmigrant who accepts unauthorized employment is subject to deportation.

Important - Retain this permit in your possession; ***you must surrender it when you leave the U.S.*** Failure to do so may delay your entry into the U.S. in the future.

You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law.

Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 **prior to surrendering this permit.**

Record of Changes

A - 2 1 2 0 4 6 6 1 2

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

PRINTED AND SOLD BY YANKEE SCHOONER INDUSTRIES CORPORATION
231 WEST 29TH STREET, NEW YORK, NY 10001-5209, U.S.A.
TEL: (212) 239-8200 - FAX (212) 239-8203

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 06/27/2008
Page: 1 of 1

Case Verification Number: 2008179171959EZ

Initial Verification:

Last Name:	Gayetaye	First Name:	Dehjornyohn
Middle Initial:		Maiden Name:	
Social Security Number:	503-41-6795	Date of Birth:	05/06/1970
Hire Date:	06/27/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	212046612	I-94 Number:	
Document Type:	I-94	Doc. Expiration Date:	
Initiated By:	APOS3210	Initiated On:	06/27/2008

Initial Verification Results:

Last Name:	GAYETAYE	First Name:	DEHJORNYOHN
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:	06/27/2008

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 _____

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 _____

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 1

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. G _____

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 _____

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

Employee's Withholding Allowance Certificate

▶ **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.**

OMB No. 1545-0074
2008

1 Type or print your first name and middle initial: Dehjornyohn
Last name: Gayetaye
2 Your social security number: 503 41 6795

Home address (number and street or rural route): 2302 E 6 Street
3 ☐ Single ☐ Married ☐ 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 57103
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.** ▶ ☐

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) 5 1

6 Additional amount, if any, you want withheld from each paycheck . . . . . 6 $

7 I claim exemption from withholding for 2008, 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 (Form is not valid unless you sign it.) ▶ Dehjornyohn Gayetaye **Date** ▶ 6-27-08

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)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q Form **W-4** (2008)