



Please Indicate What Shift and Department You Are In:

Name: Jodie M. Lunke

Shifts:

Day Shift _____

Night Shift X _____

Departments:

Finishing _____

Nose Cones _____

Material Prep X _____

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:

Jodie M. Lunke

Associate's Printed Name:

Jodie M. Lunke

Social Security #:

474-80-4728

Orientation provided by:

Sarah Evans



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]
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>Lunke</u> | First <u>Jodie</u> | Middle Initial <u>m.</u> | Maiden Name <u>Lunke</u> |
| Address (Street Name and Number) <u>405 7th Avenue SE</u> | | Apt. # | Date of Birth (month/day/year) <u>12-13-59</u> |
| City <u>Pipestone</u> | State <u>Mn.</u> | Zip Code <u>56164</u> | Social Security # <u>474-80-4728</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 <u>Jodie M. Lunke</u> | Date (month/day/year) <u>6-27-08</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>DL</u> | | <u>SS Card</u> |
| Issuing authority: _____ | | <u>MN</u> | | <u>US Gov't</u> |
| Document #: _____ | | <u>K531103889604</u> | | <u>474-80-4728</u> |
| Expiration Date (if any): _____ | | <u>12-13-09</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) 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 <u>Ashley Postma</u> | Print Name <u>Ashley Postma</u> | Title <u>Admin Assistant</u> |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>CMG 1200 Washington St SE 290 Thornton CO 80221</u> | | Date (month/day/year) <u>6/27/08</u> |

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

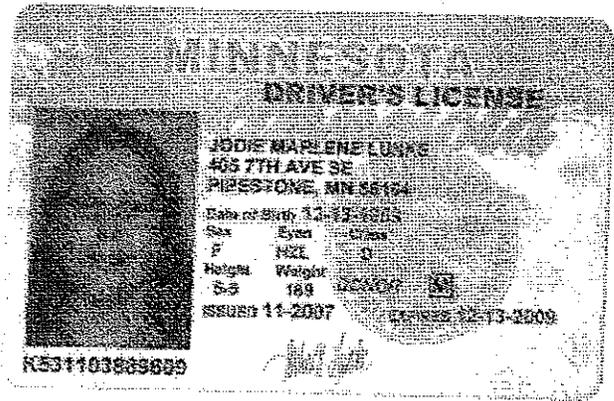
| | |
|-----------------------------|--|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) |
|-----------------------------|--|

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) |
|--|-----------------------|



stub with your personal records. The other side contains important
OR.

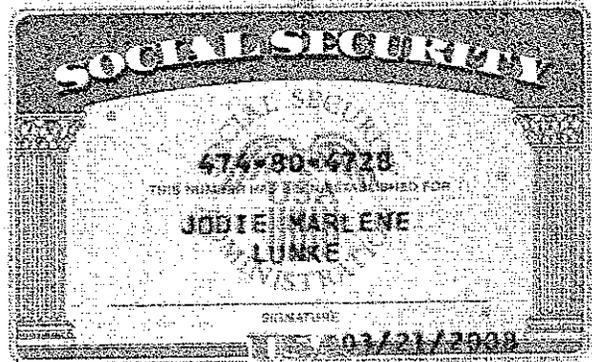
te: The date we issued this card is shown below the signature line.

JODIE MARLENE LUNKE
C/O MCF SHAKOPEE
ATTN-CHRISTINA WOOD
DID-218187
1010 WEST 6TH AVENUE
SHAKOPEE MN 55379-2213

YOUR SOCIAL SECURITY CARD

ADULTS: Sign this card in ink immediately.
CHILDREN: Do not sign until age 15 or your first job,
whichever is earlier.

Keep your card in a safe place to prevent loss or theft.
DO NOT CARRY THIS CARD WITH YOU.
Do not laminate.



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

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

Case Verification Number: 2008179170319QX

Initial Verification:

| | | | |
|-------------------------|---------------------|-----------------------|--|
| Last Name: | Lunke | First Name: | Jodie |
| Middle Initial: | | Maiden Name: | |
| Social Security Number: | 474-80-4728 | Date of Birth: | 12/13/1959 |
| Hire Date: | 06/27/2008 | 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: | 06/27/2008 |

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 On: | 06/27/2008 |
| Resolved By: | APOS3210 | | |

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 | <u>1</u> |
| B | Enter "1" if: <ul style="list-style-type: none"> • 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>1</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 | _____ |
| 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 | <u>1</u> |
| F | Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) | F | _____ |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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 | <u>3</u> |

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 | Employee's Withholding Allowance Certificate | OMB No. 1545-0074 2008 |
| Department of the Treasury Internal Revenue Service | | ▶ 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. <i>Jodie M.</i> | | 2 Your social security number <i>474 804 728</i> |
| Last name <i>Lunke</i> | | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small> |
| Home address (number and street or rural route) <i>405 7th Avenue SE</i> | | 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"/> |
| City or town, state, and ZIP code <i>Ripstone, Mn. 5616A</i> | | |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 <u>1</u> |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ <u>0</u> |
| 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 Exempt |
| 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 |
| <i>Jodie M. Lunke</i> | | <i>6-27-08</i> |
| 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) |