



Please Indicate What Shift and Department You Are In:

Name: Kathleen Jo Olson

Shifts:

Day Shift Yes

Night Shift _____

Departments:

Finishing _____

Nose Cones _____

Material Prep _____

Stores _____

Prefab X

Mould _____

Maintenance _____

Project Crew _____

Resin Mixing _____

CMG Consultant Signature	Date
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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: 5-2-08
Associate's Signature: Kathleen Tolson
Associate's Printed Name: Kathleen Tolson
Social Security #: 546-33-4709
Orientation provided by: Fasha



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.

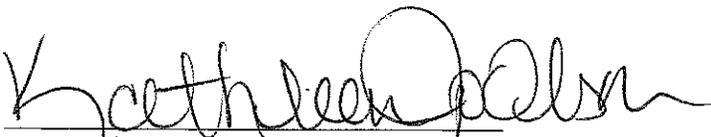
CMG employs people on a temporary basis, assigning them to work for client companies. CMG is dependent upon client companies for continued business success. Any information pertaining to client companies is the property of CMG and is necessary for its growth.

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.

5-2-08

Date


Signature

Revised: 10/07

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

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 <u>Olson</u>	First <u>Kathleen Jo</u>	Middle Initial	Maiden Name <u>Hensley</u>
Address (Street Name and Number) <u>310 West Main St.</u>		Apt. #	Date of Birth (month/day/year) <u>12-24-63</u>
City <u>Pipestone mn</u>	State	Zip Code <u>56164</u>	Social Security # <u>556-33-4709</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>Kathleen Olson</u>	Date (month/day/year) <u>5/12/08</u>
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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: _____	OR	<u>ID Card</u>	AND	<u>Birth Cert.</u>
Issuing authority: _____		<u>MN</u>		<u>CA</u>
Document #: _____		<u>0426461420974</u>		<u>39005198</u>
Expiration Date (if any): _____		<u>12-24-06</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) 5/12/08 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>[Signature]</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 Street Ste 290 Thornton CO 80132</u>		Date (month/day/year) <u>5/12/08</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)
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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): _____
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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)
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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN JOAQUIN
STOCKTON, CALIFORNIA

STATE
FILE
NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION
DISTRICT AND
CERTIFICATE NUMBER

3900-5198

THIS CHILD	1A. NAME OF CHILD—FIRST NAME Kathleen		1B. MIDDLE NAME Jo		1C. LAST NAME Hensley	
	2. SEX Female	3A. THIS BIRTH SINGLE BORN OF MARRIAGE Single	3B. IF BORN OF MARRIAGE, GIVE CHILD BIRTH DATE 2ND & 2ND ---		4A. DATE OF BIRTH—MONTH-DAY-YEAR 12-24-63	
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL Manteca Hospital			5B. STREET ADDRESS (GIVE STREET OR ROUTE ADDRESS OR ALL OTHER IDENTIFYING ADDRESS) 300 Cottage Ave		
	5C. CITY OR TOWN Manteca			5D. COUNTY San Joaquin		
MOTHER OF CHILD	6A. MAIDEN NAME OF MOTHER—FIRST NAME Mary		6B. MIDDLE NAME Elizabeth		6C. LAST NAME Slootker	
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 31 YEARS		9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		10. MAILING ADDRESS OF MOTHER	
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR ROUTE ADDRESS OR ALL OTHER IDENTIFYING ADDRESS) 515 W. North St.			11B. IF INSIDE CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE		
	11C. CITY OR TOWN Manteca			11D. COUNTY San Joaquin		
FATHER OF CHILD	12A. NAME OF FATHER—FIRST NAME Joe		12B. MIDDLE NAME		12C. LAST NAME Hensley	
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 39 YEARS		15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky		16. PRESENT OR LAST OCCUPATION Ammonia Plant Supervisor Fertilizer	
INFORMANT'S CERTIFICATION	17. I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE			17A. SIGNATURE OF OTHER SIGNER (GIVE NAME AND SIGNATURE) <i>Mary E. Hensley</i>		
ATTENDANT'S CERTIFICATION	18. I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE			18A. PHYSICIAN <i>[Signature]</i>		
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT			20. LOCAL REGISTRAR (GIVE NAME) <i>[Signature]</i>		
				21. DATE SIGNED BY INFORMANT 12-26-63		
				22. DATE SIGNED BY LOCAL REGISTRAR 119 W. North Ave		

000830551

CERTIFIED COPY OF VITAL RECORDS

MAR 11 2008



STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN } SS

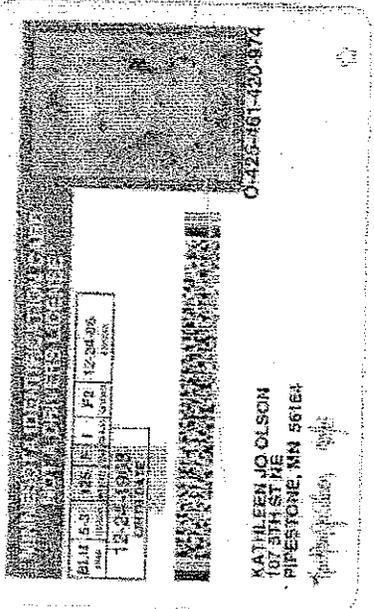
DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of San Joaquin County Recorder.

[Signature]
GARY W. FREEMAN, Recorder
SAN JOAQUIN COUNTY, CALIFORNIA



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar



PAID 5.00	MS 751	P2	12-24-96
12-24-96		POSTAGE	

KATHLEEN JO OLSON
 107 5TH ST NE
 PIPESTONE, MN 56164

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/05/2008
Page: 1 of 1

Case Verification Number: 2008126134615YQ

Initial Verification:

Last Name:	Olson	First Name:	Kathleen
Middle Initial:		Maiden Name:	
Social Security Number:	556-33-4709	Date of Birth:	12/24/1963
Hire Date:	05/05/2008	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:	05/05/2008

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:	05/05/2008

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: <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	0
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	0
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	0
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	0
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	0
(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. <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	0
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	1
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • 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="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 Kathleen Olson		2 Your social security number 556 33 4709
Home address (number and street or rural route) 310 W Main Street		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" 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 Pipestone, MN 56164		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
6 Additional amount, if any, you want withheld from each paycheck		6 \$ 0
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.) ▶ Kathleen Olson		
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)