

EMPLOYEE ACKNOWLEDGEMENT FORM

The employee handbook describes important information about Saver Group Inc., Saver Systems LLC Saver Systems of Eastern Kentucky LLC, West Irvine Plaza LLC, Saver Systems of S.E. Ohio LLC, Saver Systems of Ohio LLC, Saver Systems of Virginia LLC, Saver Systems of North Carolina LLC, and Saver Systems of Berea LLC (hereinafter referred to as Saver Group), and I understand that I should consult the Human Resources Director regarding any questions not answered in the handbook.

I have entered into my employment relationship with Saver Group voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or Saver Group can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. No one can alter my status as an at-will employee except in writing specifically referencing me, my employment and signed by the chief executive officer of Saver Group.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to Saver Group's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Chief Executive Officer and the Board of Directors of Saver Group has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received notice that copies of the handbook will be kept in the break room and/or on the job site for my review and reading. If I desire a copy of the handbook, one will be supplied to me upon my request to the Human Resource Director, Sharon Perkins. I may call Mrs. Perkins at 1-800-999-2737. I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

EMPLOYEE'S NAME (printed): _____

EMPLOYEE'S SIGNATURE

DATE: _____

RECEIVED COPY OF HANDBOOK: _____
(Month) (Day) (Year)

EMPLOYEE SIGNATURE

WITNESS