Fill in this information to identify the case:							
Debtor 1	WELDED CONSTRUCTION LP	-					
Debtor 2 (Spouse, if filing)						
United States Case number	Bankruptcy Court for the: 18-12378/KG	District of <u>DELAWARE</u>					

Claim #486 Date Filed: 2/25/2019

Official Form 410

Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Pa	t 1: Identify the Clair	m 							
1.		Name of the curre	ACCOUNTEMPS ame of the current creditor (the person or entity to be paid for this claim) ther names the creditor used with the debtor						
		Other harnes the c	reditor used wi	an the debtor					
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From	☑ No □ Yes. From whom?						
3.	Where should notices and payments to the creditor be sent?	Where should				Where should p different)	payments to the cred	itor be sent? (if	
William Co.	•	ROBERT H.	ALF / ATT	N: KAREN	LIMA				
#2000-00"13000#10/1188E.#0000.dd	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	PO BOX 502	4			Name			
		Number Stree	1			Number Street	t		
Change Cillington	RECEWED	SAN RAMO	N	CA	94583				
		City		State	Zip Code	City	State	Zip Code	
And the state of t	FEB 2 5 2019	Contact phone	510-925-	2511		Contact phone			
(URT	ZMAN CARSON CONSULTANTS	Contact email	KAREN.L ALF.COM	_IMA@RO ∕I	BERTH	Contact email			
Uniform claim identifier for elect									
4.	Does this claim amend one already filed?	No ☐ Yes Clair	n number on	court claims	registry (if know	n)	MM /	DD / YYYY	
5.	Do you know if anyone else has filed a proof of claim for this claim?	V No ☐ Yes Who	made the ea	ırlier filing?		□ No	te Stamped Copy R self addressed stat copy to return		

nage 1 181237819022500000000002

Га	Give information	on About	the Claim as of the Date the Case W	as riied	
6.	Do you have any numbe you use to identify the debtor?	I I NA	Last 4 digits of the debtor's account or any	number you use to identify the debtor:	03420-
7.	How much is the claim?	\$5,4	□ No □ Yes. Attac	bunt include interest or other charge th statement itemizing interest, fees, e ges required by Bankruptcy Rule 3001	xpenses, or other
8.	What is the basis of the claim?	Attach reda	Goods sold, money loaned, lease, services perform cted copies of any documents supporting the claim sing information that is entitled to privacy, such as h	required by Bankruptcy Rule 3001(c).	edit card.
9.	Is all or part of the claim secured?		The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the Attachment (Official Form 410-A) with the Motor vehicle Other. Describe: Basis for perfection: Attach redacted copies of documents, if any example, a mortgage, lien, certificate of title been filed or recorded.) Value of property: Amount of the claim that is secured:	is Proof of Claim. 7, that show evidence of perfection of	a security interest (for
	RECEWED FEB 2 5 2019		Amount of the claim that is unsecured: Amount necessary to cure any default as	amounts sho	he secured and unsecured uld match the amount in line 7.)
KUR	TZMAN CARSON CONSULTAN	rs /	Annual Interest Rate (when case was filed Fixed Variable	l)%	
10.	Is this claim based on a lease?	☑ No ☐ Yes	Amount necessary to cure any default a	s of the date of the petition. \$	
11.	Is this claim subject to a right of setoff?	☑ No ☐ Yes	Yes. Identify the property		

Official Form 410

Proof of Claim

12. Is all or part of the claim entitled to priority under	☐ No ☐ Yes Yes. Check	k all that apply:			Amount entitled to priority		
11 U.S.C. § 507(a)? A claim may be partly priority and partly		port obligations (including 07(a)(1)(A) or (a)(1)(B).	alimony and child s	upport) under	\$		
nonpriority. For example, in some categories, the	☐ Up to \$2,775* personal, fam	of deposits toward purcha ily, or household use. 11 L	se, lease, or rental l.S.C. § 507(a)(7).	of property or	services for \$		
law limits the amount entitled to priority.	☐ Wages, salari bankruptcy pe 11 U.S.C. § 5	es, or commissions (up to etition is filed or the debtor' 07(a)(4).	\$12,475*) earned v s business ends, w	vithin 180 day: hichever is ea	s before the rlier. \$		
And Andrews	☐ Taxes or pena	alties owed to government	al units. 11 U.S.C. {	§ 507(a)(8).	\$		
vizini-vi	☐ Contributions	to an employee benefit pla	ın. 11 U.S.C. § 507	(a)(5).	\$		
Palithan vuiiiiiv	☐ Other. Specify	y subsection of 11 U.S.C. {	507(a)(<u>)</u> that ar	plies.	\$		
rije e Arkentaliiiiii	* Amounts are subject to	adjustment on 4/01/16 and	every 3 years after th	nat for cases be	egun on or after the date of adjustment.		
Part 3: Sign Below							
The person completing this proof of claim must sign and date it. FRBP 9011(b).	Check the appropriat						
If you file this claim	•	r's attorney or authorized a					
electronically, FRBP 5005(a)(2) authorizes courts to	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
establish local rules specifying what a signature is.	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
A person who files a	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.						
fraudulent claim could be fined up to \$500,000,					elief that the information is true and		
imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152,	correct.						
157, and 3571.	I declare under pena	alty of perjury that the fores	going is true and co	rrect.			
39488		1	- 200019				
		A MM	DD / YYYY				
APPlilation	Signature		Andrew Control of the		_		
remove optionals)		ne person who is comple	ting and signing t	his claim:			
Ta	Name	KAREN			LIMA		
DEPENIER	The state of the s	First name	Midd	le name	Last name		
MEGEWILL	Title	RECOVERY MANA	GER				
FEB 2 5 2019	Company	ROBERT HALF IN					
KURTZMAN CARSON CONSULTANT	STATE OF THE PROPERTY OF THE P	Identify the corporate service	er as the company if	he authorized a	gent is a servicer.		
WOLL I TANNIA CHUOMIA COMONTIUMA	Address	2613	CAMINO RAM	ON			
WILLIAM MARKET M	100 No. 100 No	Number	Street				
No. Clark Company of the Company of	The state of the s	SAN RAMON		CA	94583		
	900.mm.t.t	City		State	ZIP Code		
E-1 The season of the season o	Contact phone	KAREN LIMA :925	913-2511	Email -	KAREN.LIMA@ROBERTHALF COM		
	* end of the control						

Report ID: AR30003 Aging Id: MAIN / Currency Base Currency Rate Type:

Peoplesoft Receivables AGING DETAIL BY BUSINESS UNIT as of 22-OCT-2018

Page No. 1 Run Date 02/20/2019 Run Time 10:20:56

Other

Amount Ent Typ/Rsn Cur Line As Of Employee Name Item

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03420-003323000			•					ELDED COI	
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	Rick	Rick	Biel	Rick	Rick	Rick	Biel	Ľ	
TATUS	51930708	51930708	51967370	51999427	52016695	52016695	52016969		

5,401.73 5,401.73 Total TATUS



Week Ending Date: 10/5/18 Online Timesheet

Employee ID	Name (Last, First Middle)	
3021037281	Richardville, Eric	,

Job Order Number	Client Company Name	Report To
0010445245	Welded Construction LP	Krzysztofik, Jackie

Day	Date	ln	Out	ln	Out	ln	Out	Total
Sat	9/29/18	ever us common en waxannound automotic contraction (set 1 biocommunication)	WHO ARE THE THE THE THE THE THE THE THE THE TH				g	
Sun	9/30/18							
Mon	10/1/18	7:20 AM	4:10 PM					8.84
Tue	10/2/18	7:20 AM	4:10 PM					8.84
Wed	10/3/18	7:15 AM	4:15 PM					9.00
Thu	10/4/18	7:15 AM	3:45 PM	- A - C - A - C - A - C - A - C - A - C - C				8.50
Fri	10/5/18	7:15 AM	3:00 PM	as to the contract of the cont				7.75

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 10/8/18 4:10:38 AM PDT

by Eric Richardville

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 10/8/18 5:30:53 AM PDT



Week Ending Date: 10/12/18 Online Timesheet

Employee ID	Name (Last, First Middle)
3020784456	Biel, Laura

Job Order Number	Client Company Name	Report To
0010479438	Welded Construction LP	Krzysztofik, Jackie

Day	Date	ln	Out	In	Out	ln	Out	Total
Sat	10/6/18			MET 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1	ACCUPATION AND ACCUPA	TETHEOGRAPHICALOGRAPHICAL CONTRACT CONTRACTOR CONTRACTO	AND INTERPORT OF THE PROPERTY	MARIE Z 1797 ZZMIROCH 15°C ORIZZ-KOMPRI TWODOWI JAMES PHI MARIEMO PHI PA
Sun	10/7/18					271990-28-38-1-80-98-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		- X - 4/4 - 10/4 (10/4 - 14/4 (10/4) 11/4 - 14/4 (10/4) 14/4
Mon	10/8/18	8:00 AM	12:30 PM	1:30 PM	5:00 PM			8.00
Tue	10/9/18	8:00 AM	12:30 PM	1:30 PM	5:00 PM	about 2008 1 30 0000000 10 Proceedings 1 Procedure 1000 100 100 100 100 100 100 100 100 1		8.00
Wed	10/10/18	8:00 AM	12:30 PM	1:30 PM	5:00 PM	- an reserve a messence - reserve di Marsa di Middle Anno - anno -	a veri di Carinala III Dominia Liandini Mili II di Mili	8.00
Thu	10/11/18	8:00 AM	12:30 PM	1:30 PM	5:00 PM	ett er vereitreg sesses dichtet et EEE soos de en Elis di chtere en monde s	general a con verse and and a local first and a conductive to the second the conductive and the second conductive to th	8.00
Fri	10/12/18	8:00 AM	12:30 PM	1:30 PM	5:00 PM	***************************************		8.00

Total Weekly Hours: 40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 10/12/18 11:28:19 AM PDT

by Laura Biel

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 10/12/18 12:14:41 PM PDT



Week Ending Date: 10/12/18 Online Timesheet

Employee ID	Name (Last, First Middle)
3021037281	Richardville, Eric

(Job Order Number	Client Company Name	THE REPORT OF THE PROPERTY OF	Report To	
	0010445245	Welded Construction LI	>	Krzysztofik, Ja	nckie

Day	Date	ln	Out	ln	Out	ln	Out	Total
Sat	10/6/18				***************************************	in the second of	- Annual III - Opinioni i India di Constantino e con contra della contra di Annual III I I I I I I I I I I I I I I I I I	
Sun	10/7/18							
Mon	10/8/18	7:05 AM	3:25 PM					8.34
Tue	10/9/18	7:20 AM	1:30 PM	architecture in the property and the control of the property of the control of th				6.17
Wed	10/10/18							
Thu	10/11/18	7:15 AM	4:10 PM	even, , income ; coeres coeres distribute in interest distribute in		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	American Control of Co	8.92
Fri	10/12/18	7:25 AM	3:50 PM	C		**************************************		8.42

Total Weekly Hours: 31.85

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 10/12/18 12:49:28 PM PDT

by Eric Richardville

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 10/16/18 4:02:50 AM PDT



Week Ending Date: 10/19/18) Online Timesheet

Employee ID	Name (Last, First Middle)
3021037281	Richardville, Eric

1	Job Order Number	Client Company Name	Report To
	0010445245	Welded Construction LP	Krzysztofik, Jackie

Day	Date	In	Out	ln	Out	ln :	Out	Total
Sat	10/13/18		0.000	00000000000000000000000000000000000000	and 1 to 1 t			
Sun	10/14/18							
Mon	10/15/18	7:15 AM	3:40 PM					8.42
Tue	10/16/18	7:15 AM	4:20 PM	300000000000000000000000000000000000000				9.09
Wed	10/17/18	7:20 AM	3:35 PM					8.25
Thu	10/18/18	7:20 AM	3:30 PM					8.17
Fri	10/19/18	7:10 AM	3:30 PM					8.34

Employee Authorization

Total Weekly Hours:

42.27

Hours entered by employee were submitted electronically.

Electronically Submitted on 10/19/18 12:25:43 PM PDT

by Eric Richardville

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 10/19/18 1:47:21 PM PDT



Week Ending Date: 10/19/18) Online Timesheet

Employee ID	Name (Last, First Middle)	
3020784456	Biel, Laura	,

1	Job Order Number	Client Company Name	Report To
	0010479438	Welded Construction LP	Krzysztofik, Jackie

Day	Date	ln	Out	ln	Out	ln	Out	Total
Sat	10/13/18	MARCHANIA CANANA AND AND AND AND AND AND AND AND AN	A SHA AMARAN THROUGH STATE OF THE STATE OF T	ACT OF THE PROPERTY OF THE PRO		**************************************		Additionally the control of the cont
Sun	10/14/18							
Mon	10/15/18	8:00 AM	12:30 PM	1:30 PM	5:00 PM			8.00
Tue	10/16/18	8:00 AM	12:30 PM	1:30 PM	5:00 PM			8.00
Wed	10/17/18	8:00 AM	12:30 PM	1:30 PM	5:00 PM			8.00
Thu	10/18/18	8:00 AM	12:30 PM	1:30 PM	5:00 PM	e e e e e e e e e e e e e e e e e e e		8.00
Fri	10/19/18	8:00 AM	12:30 PM	1:30 PM	5:00 PM	**************************************		8.00

Total Weekly Hours: 40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 10/19/18 10:34:57 AM PDT

by Laura Biel

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 10/19/18 1:47:28 PM PDT



Invoice Date:

10/09/2018

Invoice Number:

51930708

Customer Number: Fed Tax ID:

03420-003323000 94-1648752

Labor Invoice - DUE UPON RECEIPT

Please Remit To:

Accountemps

12400 COLLECTIONS CENTER DRIVE

CHICAGO IL 60693

Personal & Confidential

Jackie Krzysztofik WELDED CONSTRUCTION LP 26933 ECKEL RD PERRYSBURG OH 43551

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM		Bill Rate	Amount
1	Richardville,Eric	10/05/2018	Krzysztofik,Jackie	40.00	HRS	REG	\$ 24.64	\$ 985.60 Tx
2	Richardville,Eric	10/05/2018	Krzysztofik,Jackie	2.93	HRS	OVT	\$ 36.96	\$ 108.29 Tx
	Subtotal for Week-Ended:	10/05/2018		42.93	HRS			\$ 1,093.89

Invoice Subtotal:	\$ 1,093.89
Total Taxes:	\$ 73.84
TOTAL AMOUNT DUE:	\$ 1,167.73

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 776-3770 / inquiries.dpk@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Customer	Invoice	Total
Number	Number	Amount
03420-003323000	51930708	\$ 1,167.73



age.

,

Invoice Date: Invoice Number: 10/15/2018 51967370

Customer Number:

03420-003323000

Fed Tax ID:

94-1648752

Labor Invoice – DUE UPON RECEIPT

Please Remit To:

Accountemps

12400 COLLECTIONS CENTER DRIVE

CHICAGO IL 60693

Personal & Confidential

Jackie Krzysztofik WELDED CONSTRUCTION LP 26933 ECKEL RD PERRYSBURG OH 43551

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Biel,Laura	10/12/2018	Krzysztofik,Jackie	40.00	HRS REG	\$ 26.40	\$ 1,056.00 Tx
	Subtotal for Week-Ended:	10/12/2018		40.00	HRS		\$ 1,056.00

Invoice Subtotal:	\$ 1,056.00
Total Taxes:	\$ 71.28
TOTAL AMOUNT DUE:	\$ 1,127.28

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For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Customer	Invoice	Total
Number	Number	Amount
03420-003323000	51967370	\$ 1,127.28



Invoice Date:

Invoice Number:

10/17/2018 51999427

Customer Number:

03420-003323000

Fed Tax ID:

94-1648752

Personal & Confidential

Jackie Krzysztofik WELDED CONSTRUCTION LP 26933 ECKEL RD PERRYSBURG OH 43551

Please Remit To: Accountemps

12400 COLLECTIONS CENTER DRIVE

Labor Invoice - DUE UPON RECEIPT

CHICAGO IL 60693

Pay Online: https://www.roberthalf.com/pay

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	-	Amount
1	Richardville,Eric	10/12/2018	Krzysztofik,Jackie	31.85	HRS REG	\$ 24.64	\$	784.78 Tx
	Subtotal for Week-Ended:	10/12/2018		31.85	HRS		\$	784.78

Invoice Subtotal:	\$ 784.78
Total Taxes:	\$ 52.97
TOTAL AMOUNT DUE:	\$ 837.75

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 776-3770 / inquiries.dpk@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Customer	Invoice	Total	
Number	Number	Amount	
03420-003323000	51999427	\$ 837.7	



Invoice Date:

10/22/2018 52016695

Invoice Number: Customer Number:

03420-003323000

Fed Tax ID:

94-1648752

Personal & Confidential

Jackie Krzysztofik WELDED CONSTRUCTION LP 26933 ECKEL RD PERRYSBURG OH 43551

Labor Invoice - DUE UPON RECEIPT

Please Remit To:

CHICAGO IL 60693

Accountemps 12400 COLLECTIONS CENTER DRIVE

Pay Online: https://www.roberthalf.com/pay

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill F	tate	Amount
1	Richardville, Eric	10/19/2018	Krzysztofik,Jackie	40.00	HRS REG	\$ 2	4.64 \$	985.60 Tx
2	Richardville,Eric	10/19/2018	Krzysztofik,Jackie	2.27	HRS OVT	\$ 30	6.96 \$	83.90 Tx
	Subtotal for Week-Ended:	10/19/2018		42.27	HRS		9	3 1,069.50

Invoice Subtotal:	\$ 1,069.50
Total Taxes:	\$ 72.19
TOTAL AMOUNT DUE:	\$ 1,141.69

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 776-3770 / inquiries.dpk@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Customer	Invoice	Total
Number	Number	Amount
03420-003323000	52016695	\$ 1,141.69



Invoice Date:

10/22/2018 52016969

Invoice Number: Customer Number:

03420-003323000

Fed Tax ID:

94-1648752

Personal & Confidential

Jackie Krzysztofik WELDED CONSTRUCTION LP 26933 ECKEL RD PERRYSBURG OH 43551

Labor Invoice - DUE UPON RECEIPT

Please Remit To:

Accountemps

12400 COLLECTIONS CENTER DRIVE

CHICAGO IL 60693

Pay Online: https://www.roberthalf.com/pay

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Biel,Laura	10/19/2018	Krzysztofik,Jackie	40.00	HRS REG	\$ 26.40	\$ 1,056.00 Tx
	Subtotal for Week-Ended:	10/19/2018		40.00	HRS		\$ 1,056.00

Invoice Subtotal:	\$ 1,056.00
Total Taxes:	\$ 71.28
TOTAL AMOUNT DUE:	\$ 1,127.28

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 776-3770 / inquiries.dpk@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Customer	Customer Invoice		
Number	Number Number		
03420-003323000	52016969	\$ 1,127.28	



May 21, 2018

Personal & Confidential JACKIE KRZYSZTOFIK WELDED CONSTRUCTION LP 26933 ECKEL RD PERRYSBURG, OH 43551-1215

Job Order Number: 03420-0010445245

Dear Jackie,

Thank you for selecting Accountemps to meet your staffing needs. Eric Richardville is scheduled to start with Welded Construction LP as a Data Entry Clerk on 05-21-2018. As agreed, we will invoice your firm at the rate of \$24.64 per hour. If applicable, overtime will be billed at 1.50 times such rate. Please find the enclosed General Conditions of Assignment and Terms of Payment for your review.

Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby will indicate you have read and agree to the enclosed General Conditions of Assignment and Terms of Payment.

Accountemps, a Robert Half Company, is the world's first and largest specialized financial temporary staffing firm for accounting and financial professionals. We provide professionals on a temporary, temporary-to-hire and salaried basis. We are a division of Robert Half International Inc., the world's leader in specialized consulting and staffing services since 1948.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

Accountemps 2210 Levis Common Blvd The Town Center at Levis Common Ste 2210 Perrysburg, OH 43551 (800) 803-8367

GENERAL CONDITIONS OF ASSIGNMENT

Thank you for your confidence in *Accountemps*. Our professional is assigned to you under the following General Conditions of Assignment and the enclosed Terms of Payment.

Scope of Assignment

Supervision of our professional's work is your responsibility. Our professional is only authorized to perform work within the scope of the assignment. You shall not permit our professional to perform services remotely (e.g., on premises other than your or your customer's premises), or using computers or other electronic devices, software or network equipment owned or licensed by our professional.

Since Accountemps is not a professional accounting firm, it is expressly understood that our professionals are not authorized to render an opinion on behalf of Accountemps or on your behalf on financial statements, nor are our professionals authorized to sign the name of Accountemps on any document or to sign their own names on financial statements or tax returns.

Client's Responsibility

It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company and we shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures. Please notify us immediately if you require Accountemps to perform background checks or other placement screenings of our professional. We will conduct such checks or screenings only if they are described in a signed, written amendment to these General Conditions of Assignment.

Under no circumstances will you permit our professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables. It is understood that you have full responsibility for providing safe working conditions, as required by law, including ensuring that safety plans exist for and safety related training is provided to our professional working on your premises. Under no circumstances will you permit our professional to have contact with minors or with adults with reduced mental capacity. If this assignment is for work to be performed under a government contract or subcontract, you will notify us immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if we are legally required to initiate E-Verify verification procedures for our professional assigned to you.

It is understood that we will not authorize our professional to operate machinery (other than office machines) or automotive equipment. It is agreed that you accept full responsibility for, and that we do not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing.

It is understood that you are responsible for reporting any claim to us in writing during or within ninety (90) days after the assignment. Under no circumstance will *Accountemps* be responsible for any claim related to the assignment, including but not limited to work performed by our professional, unless you have reported such claim in writing to us within ninety (90) days after termination of the assignment.

Confidentiality

Our professional will agree to execute any confidentiality agreement you may require. You are responsible for obtaining our professional's signature.

You agree to hold in confidence the social security number and other legally protected personal information of our professional and to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.

Limitation on Liability

We make no express or implied warranty, including, but not limited to, any warranty of quality, performance, merchantability or fitness for any purpose with respect to any services performed or any goods provided, including, but not limited to, financial or accounting services performed, or software developed, for you. Under no circumstances are we liable for any special, incidental, exemplary, indirect damages, lost profits or consequential damages (including, but not limited to, lost business, revenue, goodwill, or anticipated savings), even if informed of the possibility. Our liability, if any, will (in the aggregate for all claims, causes of action or damages) be limited to any actual direct damages up to an amount equal to the fees actually paid by you to us for the services that are the subject of the claim, regardless of the basis on which you are entitled to claim damages from us (including, but not limited to, fundamental breach, negligence, misrepresentation, or other contract or tort claim).

Insurance

In addition to workers' compensation insurance, we also maintain commercial liability insurance.

No Contrary Agreements

These General Conditions of Assignment contain the complete and final agreement on the topics they address, and they supersede any prior agreements or understandings on these topics. Our professionals do not have authority either to verbally modify these General Conditions of Assignment or to assume additional responsibilities other than those set forth in these General Conditions of Assignment.

Job Order: 03420-0010445245 Date: 05-21-2018

TERMS OF PAYMENT

Thank you for your confidence in *Accountemps*. Our professional for the assignment of a Data Entry Clerk is Eric Richardville. The assignment will start on 05-21-2018. As agreed or otherwise communicated, we will invoice your firm at the rate of \$24.64 per hour. Should you wish to use our professional for other assignments, please let us know. The hourly billing rate may then change to reflect the experience necessary to complete the assignment. Call *Accountemps* for any changes in the assignment. We request a minimum thirty (30) days notice prior to ending any assignment.

Our professional is assigned to you under the following Terms of Payment:

	assigned to you under the following Terms of Payment:
Guarantee	Accountemps guarantees your satisfaction with our professional's services by extending to you a one-day (8 hours) guarantee period. If, for any reason, you are dissatisfied with the professional assigned to you, Accountemps will not charge for the first eight hours worked, provided that Accountemps replaces the individual assigned. Unless you contact us before the end of the first eight hours guarantee period, you agree that our professional assigned is satisfactory.
Time Sheet	Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby indicates your acknowledgement of the General Conditions of Assignment and these Terms of Payment. Our compensation to our assigned professional is on a weekly basis, and you will be billed weekly for the total hours worked, including time spent completing, revising, and/or resubmitting a time sheet or electronic time record during business hours, and we ask that you respect those guidelines. Because <i>Accountemps</i> invoices reflect payroll we have already paid, our invoices are due upon receipt. Applicable sales and service taxes shall be added to these invoices. In the event that you fail to pay the invoice when due, you agree to pay all of our costs of collection, including reasonable attorneys' fees, whether or not legal action is initiated. Additionally, we may, at our option, charge interest on any overdue amounts at a rate of the lesser of 1 1/2% per month or the highest rate allowed by applicable law from the date the amount first became due.
Overtime	If applicable, overtime will be billed at 1.50 times the normal billing rate. Federal law defines overtime as hours in excess of 40 hours per week, state laws vary. If state law requires double time pay, the double time hours will be billed at 2.00 times the normal billing rate.
Hiring the Person Referred to You	After you evaluate the performance and potential of our professional on the job, you may wish to employ this person directly. Our professionals represent our inventory of skilled employees and in the event you wish them converted to your employ or another employer to whom you refer them, you agree to pay a conversion fee. The conversion fee is payable if you hire our professional assigned to you, regardless of the employment classification, on either a full-time, temporary (including temporary assignments through another agency) or consulting basis within twelve months after the last day of the assignment. You also agree to pay a conversion fee if our professional assigned to you is hired by (i) a subsidiary or other related company or business as a result of your referral of our professional to that company or (ii) one of your customers as a result of our professional providing services to that customer. The conversion fee will equal 35% of the professional's aggregate annual compensation, including bonuses.
	The conversion fee will be owed and invoiced upon your hiring of our professional, and payment is due upon receipt of this invoice. The same calculation will be used if you convert our professional on a part-time basis using the full-time equivalent salary.
Employment Taxes and Withholdings	Accountemps will handle, to the extent applicable, any workers' compensation insurance, federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance or other payroll charges.
General Conditions	Accountemps may increase our rates provided under the Terms of Payment to reflect increases in our own costs of doing business, including costs associated with higher wages for workers and/or related tax, benefit and other costs. We will provide written or verbal notice of the increase in our rates. Any increase in our rates will be prospective, starting as of the effective date Accountemps specifies.
	Our professional is also assigned to you under the General Conditions of Assignment, a copy of which has been provided. We reserve the right to re-assign our professional.
	Job Order: 03420-0010445245 Date: 05-21-2018



June 11, 2018

Personal & Confidential JACKIE KRZYSZTOFIK WELDED CONSTRUCTION LP 26933 ECKEL RD PERRYSBURG, OH 43551-1215

Job Order Number: 03420-0010479438

Dear Jackie,

Thank you for selecting Accountemps to meet your staffing needs. Laura Biel is scheduled to start with Welded Construction LP as a Data Entry Clerk on 06-11-2018. As agreed, we will invoice your firm at the rate of \$26.40 per hour. If applicable, overtime will be billed at 1.50 times such rate. Please find the enclosed General Conditions of Assignment and Terms of Payment for your review.

Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby will indicate you have read and agree to the enclosed General Conditions of Assignment and Terms of Payment.

Accountemps, a Robert Half Company, is the world's first and largest specialized financial temporary staffing firm for accounting and financial professionals. We provide professionals on a temporary, temporary-to-hire and salaried basis. We are a division of Robert Half International Inc., the world's leader in specialized consulting and staffing services since 1948.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

Accountemps 2210 Levis Common Blvd The Town Center at Levis Common Ste 2210 Perrysburg, OH 43551 (800) 803-8367

GENERAL CONDITIONS OF ASSIGNMENT

Thank you for your confidence in Accountemps. Our professional is assigned to you under the following General Conditions of Assignment and the enclosed Terms of Payment.

Scope of Assignment

Supervision of our professional's work is your responsibility. Our professional is only authorized to perform work within the scope of the assignment. You shall not permit our professional to perform services remotely (e.g., on premises other than your or your customer's premises), or using computers or other electronic devices, software or network equipment owned or licensed by our professional.

Since Accountemps is not a professional accounting firm, it is expressly understood that our professionals are not authorized to render an opinion on behalf of Accountemps or on your behalf on financial statements, nor are our professionals authorized to sign the name of Accountemps on any document or to sign their own names on financial statements or tax returns.

Client's Responsibility

It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company and we shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures. Please notify us immediately if you require Accountemps to perform background checks or other placement screenings of our professional. We will conduct such checks or screenings only if they are described in a signed, written amendment to these General Conditions of Assignment.

Under no circumstances will you permit our professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables. It is understood that you have full responsibility for providing safe working conditions, as required by law, including ensuring that safety plans exist for and safety related training is provided to our professional working on your premises. Under no circumstances will you permit our professional to have contact with minors or with adults with reduced mental capacity. If this assignment is for work to be performed under a government contract or subcontract, you will notify us immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if we are legally required to initiate E-Verify verification procedures for our professional assigned to you.

It is understood that we will not authorize our professional to operate machinery (other than office machines) or automotive equipment. It is agreed that you accept full responsibility for, and that we do not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing.

It is understood that you are responsible for reporting any claim to us in writing during or within ninety (90) days after the assignment. Under no circumstance will *Accountemps* be responsible for any claim related to the assignment, including but not limited to work performed by our professional, unless you have reported such claim in writing to us within ninety (90) days after termination of the assignment.

Confidentiality

Our professional will agree to execute any confidentiality agreement you may require. You are responsible for obtaining our professional's signature.

You agree to hold in confidence the social security number and other legally protected personal information of our professional and to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.

Limitation on Liability

We make no express or implied warranty, including, but not limited to, any warranty of quality, performance, merchantability or fitness for any purpose with respect to any services performed or any goods provided, including, but not limited to, financial or accounting services performed, or software developed, for you. Under no circumstances are we liable for any special, incidental, exemplary, indirect damages, lost profits or consequential damages (including, but not limited to, lost business, revenue, goodwill, or anticipated savings), even if informed of the possibility. Our liability, if any, will (in the aggregate for all claims, causes of action or damages) be limited to any actual direct damages up to an amount equal to the fees actually paid by you to us for the services that are the subject of the claim, regardless of the basis on which you are entitled to claim damages from us (including, but not limited to, fundamental breach, negligence, misrepresentation, or other contract or tort claim).

Insurance

In addition to workers' compensation insurance, we also maintain commercial liability insurance.

No Contrary Agreements

These General Conditions of Assignment contain the complete and final agreement on the topics they address, and they supersede any prior agreements or understandings on these topics. Our professionals do not have authority either to verbally modify these General Conditions of Assignment or to assume additional responsibilities other than those set forth in these General Conditions of Assignment.

Job Order: 03420-0010479438 Date: 06-11-2018

TERMS OF PAYMENT

Thank you for your confidence in *Accountemps*. Our professional for the assignment of a Data Entry Clerk is Laura Biel. The assignment will start on 06-11-2018. As agreed or otherwise communicated, we will invoice your firm at the rate of \$26.40 per hour. Should you wish to use our professional for other assignments, please let us know. The hourly billing rate may then change to reflect the experience necessary to complete the assignment. Call *Accountemps* for any changes in the assignment. We request a minimum thirty (30) days notice prior to ending any assignment.

Our professional is assigned to you under the following Terms of Payment:

Our professional is	assigned to you didde the following 1 cms of 1 ayment.
Guarantee	Accountemps guarantees your satisfaction with our professional's services by extending to you a one-day (8 hours) guarantee period. If, for any reason, you are dissatisfied with the professional assigned to you, Accountemps will not charge for the first eight hours worked, provided that Accountemps replaces the individual assigned. Unless you contact us before the end of the first eight hours guarantee period, you agree that our professional assigned is satisfactory.
Time Sheet	Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby indicates your acknowledgement of the General Conditions of Assignment and these Terms of Payment. Our compensation to our assigned professional is on a weekly basis, and you will be billed weekly for the total hours worked, including time spent completing, revising, and/or resubmitting a time sheet or electronic time record during business hours, and we ask that you respect those guidelines. Because <i>Accountemps</i> invoices reflect payroll we have already paid, our invoices are due upon receipt. Applicable sales and service taxes shall be added to these invoices. In the event that you fail to pay the invoice when due, you agree to pay all of our costs of collection, including reasonable attorneys' fees, whether or not legal action is initiated. Additionally, we may, at our option, charge interest on any overdue amounts at a rate of the lesser of 1 1/2% per month or the highest rate allowed by applicable law from the date the amount first became due.
Overtime	If applicable, overtime will be billed at 1.50 times the normal billing rate. Federal law defines overtime as hours in excess of 40 hours per week, state laws vary. If state law requires double time pay, the double time hours will be billed at 2.00 times the normal billing rate.
Hiring the Person Referred to You	After you evaluate the performance and potential of our professional on the job, you may wish to employ this person directly. Our professionals represent our inventory of skilled employees and in the event you wish them converted to your employ or another employer to whom you refer them, you agree to pay a conversion fee. The conversion fee is payable if you hire our professional assigned to you, regardless of the employment classification, on either a full-time, temporary (including temporary assignments through another agency) or consulting basis within twelve months after the last day of the assignment. You also agree to pay a conversion fee if our professional assigned to you is hired by (i) a subsidiary or other related company or business as a result of your referral of our professional to that company or (ii) one of your customers as a result of our professional providing services to that customer.
	The conversion fee will equal 35% of the professional's aggregate annual compensation, including bonuses.
	The conversion fee will be owed and invoiced upon your hiring of our professional, and payment is due upon receipt of this invoice. The same calculation will be used if you convert our professional on a part-time basis using the full-time equivalent salary.
Employment Taxes and Withholdings	Accountemps will handle, to the extent applicable, any workers' compensation insurance, federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance or other payroll charges.
General Conditions	Accountemps may increase our rates provided under the Terms of Payment to reflect increases in our own costs of doing business, including costs associated with higher wages for workers and/or related tax, benefit and other costs. We will provide written or verbal notice of the increase in our rates. Any increase in our rates will be prospective, starting as of the effective date Accountemps specifies.
	Our professional is also assigned to you under the General Conditions of Assignment, a copy of which has been provided. We reserve the right to re-assign our professional.
	Job Order: 03420-0010479438 Date: 06-11-2018