



General Staffing Agreement

DrakeStaffing LLC, with its principal office located 2033 Monroe Dr. Suite B, Atlanta Ga 30324 ("STAFFING FIRM"), and Amy Crifasi, with its principal ("CLIENT") agree to the terms and conditions set forth in this Staffing Agreement (the "Agreement").

STAFFING FIRM Duties and Responsibilities

1. STAFFING FIRM will:
 - a. Recruit, screen, interview, and assign its employees ("Assigned Employees") to perform the type of work described in this agreement under CLIENT's supervision at the locations specified in this agreement;
 - b. Pay, withhold, and transmit payroll taxes; provide unemployment insurance and workers' compensation benefits; and handle unemployment and workers' compensation claims involving Assigned Employees; and require Assigned Employees to sign confidentiality agreements before they begin their assignments to CLIENT.

CLIENT Duties and Responsibilities

2. CLIENT will:
 - a. Properly supervise Assigned Employees performing its work and be responsible for its business operations, products, services, and intellectual property; properly supervise, control, and safeguard its premises, processes, or systems, and not permit Assigned Employees to operate any vehicle or mobile equipment, or entrust them with unattended premises, cash, checks, keys, credit cards, merchandise, confidential or trade secret information, negotiable instruments, or other valuables without STAFFING FIRM's express prior written approval or as strictly required by the job description provided to STAFFING FIRM.
 - b. Provide Assigned Employees with a safe work site and provide appropriate information, training, and safety equipment with respect to any hazardous substances or conditions to which they may be exposed at the work site; and not change Assigned Employees' job duties without STAFFING FIRM's express prior written approval.

Payment Terms, Bill Rates, and Fees

3. CLIENT will pay STAFFING FIRM for its performance at the rates set forth in this agreement. Payment is due on receipt of invoice. Invoices will be supported by the pertinent time sheets or other agreed system for documenting time worked by the Assigned Employees. CLIENT's signature or other agreed method of approval of the work time submitted for Assigned Employees certifies that the documented hours are correct and authorizes STAFFING FIRM to bill CLIENT for those hours. If a portion of any invoice is disputed, CLIENT will pay the undisputed portion. CLIENT agrees, for invoice amounts more than 60 days unpaid a 1% late fee charge will be added to the bill rate and this late fee will continue to be added every additional 30 days the invoice remains unpaid.
4. Assigned Employees are presumed to be nonexempt from laws requiring premium pay for overtime, holiday work, or weekend work. (For example, when federal law requires 150% of

11. This Agreement and the exhibits attached to it contain the entire understanding between the parties and supersede all prior agreements and understandings relating to the subject matter of the Agreement. The provisions of this Agreement will inure to the benefit of and be binding on the parties and their respective representatives, successors, and assigns. The failure of a party to enforce the provisions of this Agreement will not be a waiver of any provision or the right of such party thereafter to enforce each and every provision of this Agreement.

Authorized representatives of the parties have executed this Agreement below to express the parties' agreement to its terms.

Bill Rate/Job Description

Pay Rate/Job

Servers/Bartenders

\$25.00/hr

Amy B Crifasi
CLIENT NAME:

DRAKE STAFFING

Amy B Crifasi
Signature

Signature

Amy B Crifasi
Printed Name

Printed Name Greg Price

Title

Title C.E.O.

5-15-14
Date

Date

Credit Card Charge Authorization

Name as appears on Credit Card:

First Name: Amy
Last Name: Berend
Company Name: _____
Card Type: Visa Master Card American Express Discover
Card Number: 4479 9310 0666 2944
Expiration Date: Month: 10/oct Year: 2014

Card Verification Number: 999  (on back of your card, locate the final 3 digits)
(For Am Exp, locate 4 digits on front right)

Address where monthly billing statements are received:

Address 1: 1619 Ivy Spring Dr
Address 2: _____
City: Smyrna,
State: GA
ZIP Code: 30080
Email Address: amyberend@yahoo.com
Phone # Associated w/Card: 404.694.3773

Being the cardholder or authorized user of the card, by signing below I agree to the terms set forth in this agreement and I hereby authorize Drake Staffing or its representatives to charge the above credit card for temporary staffing invoices. Drake Staffing assumes no responsibility for any interest, late fees or penalties associated with credit card payments. Fax to (262) 334-2600

Signature: Amy B Criferi
Printed Name: Amy Berend Criferi Date: 5/15/14