

gprice@drakestaffing.net

Emailed on 4/5/12

BF

From: Tacy Wald - Agile1 [twald@agile1.com]
Sent: Thursday, March 22, 2012 10:30 AM
Cc: Eisenhart, Ashley
Subject: ARAMARK/Agile1 MSP Program
Importance: High

Dear Valued Supplier to ARAMARK,

As previously communicated to your firm, ARAMARK has entered into a new Managed Services Program (MSP) Agreement for Staffing Services with our company, Agile•1, and a Vendor Management System agreement with our partner, IQNavigator (IQN), who will support the new online requisitioning platform. Agile•1 welcomes your organization to participate in ARAMARK's new supplier network and contract labor program.

To begin the on boarding process with us and enable the set-up of each agency in our system, we are gathering important information from each supplier. You will need to complete the attached forms and submit them **by Tuesday, March 27th** in order to accommodate ARAMARK's request for an accelerated timeline. See below for details and instructions for each document:

1. Sign (2) executed copies (both with original signatures) of the **Agile•1 Non-Disclosure Agreement or NDA** (attached) and send via Express-mail* to :

Agile•1
 Attn: Branden Slishinsky
 1999 W. 190th St.
 Torrance, CA 90504

**We can accept a PDF copy by the deadline (March 26) as long as the originals are coming in the mail. E-mail the PDF to twald@agile1.com.*

2. Review, complete and email the following documents (attached) to twald@agile1.com:

- o **ACH form and W9:** Please fill out these forms, which are used to set up each supplier for payment.
- o **Supplier Capabilities Sheet:** Please fill out this form, which indicates classifications and locations of provided services.
- o **Resource Profile Load Template:** Please fill out this form if you currently have temporary employees working at ARAMARK locations.
- o **IQN Supplier User Upload:** Please input all the information of each of YOUR employees that will have access to the IQN system once the program goes live.
- o **IQN Supplier Profile Questionnaire:** Please fill out this form to provide us general background information about your company.
- o **ARAMARK Minority Spend Classification Form:** Please fill out this form if you hold any of the certifications listed on this sheet.

3. Complete the online **Supplier Profile** on our website at www.agile-1.com.

- o Providing us with this information helps us to effectively partner with your organization for potential future business opportunities.

We request that you please adhere to all deadlines. Agile•1 will be sending you a detailed timeline of

your Supplier responsibilities over the next few weeks and we will keep you informed of any developments that may affect the schedule. To help guide you through the implementation process, the Agile•1 International Supplier Partnership Office (ISPO) has dedicated staff to work with you and answer your questions.

The entire team at Agile•1 is very excited to partner with you to support ARAMARK's staff augmentation requirements. We look forward to sharing more information with you soon and working with you to onboard your company as a participating Supplier.

Sincerely,

Tacy Wald

Sourcing Manager

The Agile•1 International Supplier Partnership Office

Phone: 281-829-1484

Fax: 310-532-6893

Email: twald@agile1.com



ACH Authorization Form

Client Name:

Please complete the information below:

Transaction Type

New ACH Set-Up

Change Account Number

Cancellation

Change Account Type

Change Financial Institution

Payee Identification

Name **Drake Staffing LLC**

Address **PO Box 577**

City **West Bend** **State** **WI** **Zip Code** **53095**

Financial Institution Information

Bank Name **Bank Mutual**

Address **2600 N Mayfair Road**

City **Wauwatosa** **State** **WI** **Zip Code** **53226**

Routing Transit Number **275071330** (9 digits)

Customer Account Number **7045020295**

Checking **Savings**

Bank Number (Canada Only)

Attach a copy of voided check. Please do NOT use routing number from a deposit slip.



Authorization for Setup, Changes or Cancellation

NOTE IF YOU HAVE REQUESTED AGILE-1 TO FORWARD PAYMENTS TO A FINANCING OR FACTORING COMPANY YOU MUST HAVE THEM SIGN THIS AGREEMENT AS WELL OR YOUR PAYMENTS WILL NOT BE MADE VIA ACH.

I authorize AGILE-1 (the "COMPANY"), to process payments via Automated Clearing House (ACH) deposits to the financial institution and account designated above.

I also authorize the COMPANY to withdraw from the designated account all amounts deposited electronically in error.

If I decide to change or revoke this authorization, I recognize that I must forward such notice, via this form, to the address below and allow reasonable time for the COMPANY to act on the termination.

I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement, and that all information provided is accurate.

Signature _____

Date_ 3/23/2012

Printed Name _____ Greg Price

Company _Drake Staffing LLC

Title Chief Executive Officer

TO BE COMPLETED BY FACTORING COMPANY

I authorize AGILE-1 (the "COMPANY"), to process payments via Automated Clearing House (ACH) deposits to the financial institution and account designated above.

I also authorize the COMPANY to withdraw from the designated account all amounts deposited electronically in error.

If I decide to change or revoke this authorization, I recognize that I must forward such notice, via this form, to the address below and allow reasonable time for the COMPANY to act on the termination.

I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement, and that all information provided is accurate.

Signature _____

Date_ 3/26/12_

Printed Name: Dawn Eversman



Company _____

Title _____

Please forward completed form to:

Agile•1
Attn: Branden Slishinsky
1999 West 190th Street
Torrance, CA 90504

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Drake Staffing LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► *C*

Exempt payee

Other (see instructions) ►

Address (number, street, and apt. or suite no.)

2033 Monroe Dr. Ste B

City, state, and ZIP code

Atlanta Ga 30324

Requester's name and address (optional)

*Aramark
1101 Market St.
Philadelphia PA 19107*

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

| | | | | | | | |
|----------------------|----------------------|---|----------------------|---|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|---|----------------------|----------------------|----------------------|

Employer identification number

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ►

Doug Knill

Date ►

3/23/12

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business.

Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



ACH Authorization Form

Client Name:

Please complete the information below:

Transaction Type

| | | |
|--|------------------------------|--------------|
| <input checked="" type="checkbox"/> New ACH Set-Up | Change Account Number | Cancellation |
| Change Account Type | Change Financial Institution | |

Payee Identification

Name **Drake Staffing LLC**

Address **2033 Monroe Dr. Ste B**

City **Atlanta** **State** **Ga** **Zip Code** **30324**

Financial Institution Information

Bank Name **BB&T**

Address **3379 PEACHTREE RD NE**

City **Atlanta** **State** **Ga** **Zip Code** **30324**

Routing Transit Number **061113415** (9 digits)

Customer Account Number **0005148669173**

Checking **Savings**

Bank Number (Canada Only)

Attach a copy of voided check. Please do NOT use routing number from a deposit slip.



Authorization for Setup, Changes or Cancellation

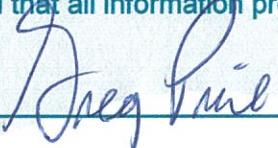
NOTE IF YOU HAVE REQUESTED AGILE-1 TO FORWARD PAYMENTS TO A FINANCING OR FACTORING COMPANY YOU MUST HAVE THEM SIGN THIS AGREEMENT AS WELL OR YOUR PAYMENTS WILL NOT BE MADE VIA ACH.

I authorize AGILE-1 (the "COMPANY"), to process payments via Automated Clearing House (ACH) deposits to the financial institution and account designated above.

I also authorize the COMPANY to withdraw from the designated account all amounts deposited electronically in error.

If I decide to change or revoke this authorization, I recognize that I must forward such notice, via this form, to the address below and allow reasonable time for the COMPANY to act on the termination.

I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement, and that all information provided is accurate.

Signature  _____

Date 3/23/2012

Printed Name Greg Price

Company Drake Staffing LLC

Title Chief Executive Officer

TO BE COMPLETED BY FACTORING COMPANY

I authorize AGILE-1 (the "COMPANY"), to process payments via Automated Clearing House (ACH) deposits to the financial institution and account designated above.

I also authorize the COMPANY to withdraw from the designated account all amounts deposited electronically in error.

If I decide to change or revoke this authorization, I recognize that I must forward such notice, via this form, to the address below and allow reasonable time for the COMPANY to act on the termination.

I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement, and that all information provided is accurate.

Signature _____

Date _____

Printed Name _____



Title _____

Company _____

Please forward completed form to:

Agile•1
Attn: Branden Slishinsky
1999 West 190th Street
Torrance, CA 90504

Subcontractor/Supplier Self Certification

In order to certify your company's status, please complete this form.

CHECK ALL APPROPRIATE BLOCKS – MORE THAN ONE MAY APPLY (SEE REVERSE SIDE FOR DEFINITIONS)

If you are a small business:

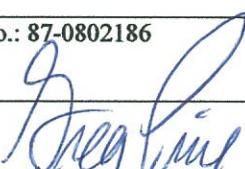
Small Business Concern (SB)
 Small Disadvantaged Business Concern (Please attach certificate from SBA) (SDB)
 HubZone Small Business Concern (Please attach certificate from SBA) (HUBZ)
 Women-Owned Small Business Concern: (at least 51% women-owned and controlled) (WOSB)
 Veteran-Owned Small Business Concern (VOSB)
 Service-Disabled Veteran-Owned Small Business Concern (SDVOSB)
 Native American Indian
 8(a)

If you are other than a small business, indicate which apply:

Large Business (OTSB)
 Woman-Owned Large Business (WOLB)
 Non-Profit Organization (NP)
 Government Agency (GA)
 Foreign Supplier (FS)

Note: This form is incomplete if no boxes are checked.

SUBCONTRACTOR/SUPPLIER NAME AND ADDRESS (complete all the following information)

| | |
|---|---|
| Company: Drake Staffing LLC | DUNS #: |
| Address: 2033 Monroe Dr. Ste. B Atlanta Ga 30324 | NAICS (SIC) Code(s): |
| Phone: 404.806.7722 | Facsimile No.: 404.806.7601 |
| Title: Chief Executive Officer | Federal Tax I.D. No.: 87-0802186  |
| Authorized Representative (print name): Greg Price | Signature: 03/23/2012  Date: |

Note: This form expires two years from date of submission. It is your responsibility to notify Agile1 if your size or ownership status changes during this period. After two years, you are required to re-certify.

PENALTY FOR FALSE MISREPRESENTATION: Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall (i) Be punished by imposition of fine, imprisonment, or both; (ii) Be subject to administrative remedies, including suspension and debarment; and (iii) Be ineligible for participation in programs conducted under the authority of the Act.

DEFINITIONS

A SMALL BUSINESS CONCERN:

- (a) "Small business concern" means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on government contracts, and qualified as a small business under the criteria and size standards in 13 CFR Part 121 (see 19.102). Such a concern is "not dominant in its field of operation" when it does not exercise a controlling or major influence on a national basis in a kind of business activity in which a number of business concerns are primarily engaged. In determining whether dominance exists, consideration shall be given to all appropriate factors, including volume of business, number of employees, financial resources, competitive status or position, ownership or control of materials, processes, patents, license agreements, facilities, sales territory, and nature of business activity.
- (b) The SBA establishes small business size standards on an industry-by-industry basis. (See 13 CFR 121.)
- (c) Small business size standards are applied by—
 - (1) Classifying the product or service being acquired in the industry whose definition, as found in the North American Industry Classification System (NAICS) Manual (available via the Internet at <http://www.census.gov/epcd/www/naics.html>), best describes the principal nature of the product or service being acquired;
 - (2) Identifying the size standard SBA established for that industry; and
 - (3) Specifying the size standard in the solicitation so that offerors can appropriately represent themselves as small or large.
- (d) For size standard purposes, a product or service shall be classified in only one industry, whose definition best describes the principal nature of the product or service being acquired even though for other purposes it could be classified in more than one.
- (e) If a solicitation calls for more than one item and allows offers to be submitted on any or all of the items, an offeror must meet the size standard for each item it offers to furnish. If a solicitation calling for more than one item requires offers on all or none of the items, an offeror may qualify as a small business by meeting the size standard for the item accounting for the greatest percentage of the total contract price.

The industry size standards are published by the Small Business Administration and are available via the Internet at <http://www.sba.gov/size/NAICS-cover-page.htm>.

SMALL DISADVANTAGED BUSINESS CONCERN:

- (a) "Small disadvantaged business concern," as used in this part (except for 52.212-3(c)(4) and 52.219-1(b)(2) for general statistical purposes and 52.212-3(c)(9)(ii), 52.219-22(b)(2), and 52.219-23(a) for joint ventures under the price evaluation adjustment for small disadvantaged business concerns), means an offeror that represents, as part of its offer, that it is a small business under the size standard applicable to the acquisition; and either—
 - (1) It has received certification by the Small Business Administration as a small disadvantaged business concern consistent with 13 CFR part 124, subpart B; and
 - (i) No material change in disadvantaged ownership and control has occurred since its certification;
 - (ii) Where the concern is owned by one or more disadvantaged individuals, the net worth of each individual upon whom the certification is based does not exceed \$750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); and
 - (iii) It is identified, on the date of its representation, as a certified small disadvantaged business (SDB) concern in the database maintained by the Small Business Administration (PRO-Net)

WOMEN-OWNED SMALL BUSINESS CONCERN:

- (1) Which is at least 51 percent owned by one or more women; or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and
- (2) Whose management and daily business operations, which are controlled by one or more women.

VETERAN-OWNED SMALL BUSINESS CONCERN:

- (1) Not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and
- (2) The management and daily business operations, which are controlled by one or more veterans.

SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERN:

- (1) Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and
- (2) The management and daily business operations, which are controlled by one or more service-disabled veterans or in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

HUBZONE SMALL BUSINESS CONCERN:

**Instructions:**

Please indicate with a "X" the LOCATIONS YOUR COMPANY HAS PHYSICAL OFFICES supporting the named skill sets, include an office contact, phone number, email address and office address.

| | | | |
|---------------------------------------|--|---|--|
| Supplier Name: | Drake Staffing LLC | | |
| Supplier Headquarters Address: | 2033 Monroe Dr. Ste. B Atlanta Ga 30324 | | |
| Contact Name: | Greg Price | | |
| Phone Number: | 404.806.7722 | | |
| Email Address: | gprice@drakesstaffing.net | | |
| City, State | Administrative (AP Clerk, Dispatcher, Mailroom Worker, Data Entry Clerk) | Food/Hospitality (Banquet Server, Bartender, Busser/General Utility, Cashier, Concession Supervisor, Cook, Retail Sales) | Light Industrial (Housekeeper, Warehouse Worker, Groundskeeping, Lead EVS Worker / Lead Cleaning Services Worker) |
| ABILENE, TX | | | |
| ALBANY, NY | | | |
| ALBUQUERQUE, NM | | | |
| ALEXANDRIA, LA | | | |
| ALLENTOWN, PA | | | |
| ALTOONA, PA | | | |
| AMARILLO, TX | | | |
| ANCHORAGE, AK | | | |
| ASHBURNHAM, MA | | | |
| ASHVILLE, NC | | | |
| ATLANTA, GA | X - All positions above | X - All positions above | X - All positions above |
| AUGUSTA, GA | | | |
| AUSTIN, TX | | | |
| BALTIMORE, MD | | | |
| BEMIDJI, MN | | | |
| BILOXI, MS | | | |
| BIRMINGHAM, AL | | | |

| Professional (Information Technology, Accounting, Engineering) | Office Contact Name | Phone Number | Email Address | Office Address |
|--|------------------------|--------------|--|--|
| | Greg Price | 404.806.7722 | gprice@drakestaffing.net | 2033 Monroe Dr. Ste B Atlanta Ga 30324 |



SUPPLIER PROFILE QUESTIONNAIRE

GENERAL BUSINESS INFORMATION

1. Firm Name: Drake Staffing LLC

Business Address: 2033 Monroe Dr. Ste B

City/State/Zip Code: Atlanta Ga 30324

Business Telephone Number: 404.806.7722

Business Fax Number: 404.806.7601

Corporate Contact: Greg Price

URL: www.drakestaffing.net

Company Headquarters (City/State/Zip): same address above

2. Notification Address (if different than above).

Attention: Greg Price

3. Title: Chief Executive Officer

Address: Same as above

City/State/Zip Code: _____

Phone: _____

4. Payment Address.

Attention: same as above

Address: _____

City/State/Zip Code: _____

5. Please list the top industry specializations represented by your client base, i.e.

(Telecommunications, Service Technology, Government, etc.).

Hospitality, Ware house, clerical, light industrial, culinary



6. Select all of the staffing services your business provides:

Payroll Services
 Contract/Contract to Hire
 Direct Hire
 Projects
 Managed Service Provider (VOP)

7. Type of Legal Structure:

Corporation
 Sole Proprietorship
 Partnership
 Limited Partnership
 Other (Describe) _____

8. Business Federal ID No./VAT 87-0802186

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed by their duly authorized representatives the day and year first above written.

DRAKE STAFFING, LLC
("Agency")

By: Greg Price
Name: Greg Price
Title: C.E.O.

Dated
3/7/17

ARAMARK FOOD AND SUPPORT SERVICES GROUP, INC.
("ARAMARK")

By: Karl Sparn
Name: Karl Sparn
Title: VP, Global Talent Acquisition

List of Exhibits

Exhibit A – ARAMARK Standards

Exhibit B – Rates

Exhibit C – Form of Agency Employee Nondisclosure Agreement and Intellectual Property Assignment