

Acknowledgment of Receipt of Employee Handbook

I have received a copy of Stafford Foods Inc. Employee Handbook, and I understand that the contents of the Handbook are presented for my information only. While Stafford Foods Inc. believes wholeheartedly in the plans, policies, procedures, and benefits described in the Handbook, it is not a contract for such or a guarantee of employment.

I accept responsibility for familiarizing myself with the information contained in this handbook and will seek verification or clarification of its terms or guidance where necessary.

I understand that, because of the broad range of subjects included, and because the number of changes that will be required, Stafford Foods Inc. reserves the right to modify, revoke, suspend, terminate, or revise the information included as necessary. I further understand that the Employee Handbook contains language giving Stafford Foods Inc. that right. The description of any benefit's included in this document are not totally inclusive, and I realize that the formal, benefits' description is contained elsewhere.

I further understand that my employment with Stafford Foods Inc. is for no definite period of time, and nothing in the Employee Handbook in any way creates an expressed or implied contract of employment; but, rather it provides a brief description of benefits offered by the Company and an overview of its policies and rules. I understand that the Employee Handbook and the policies, rules, and benefits to which it refers may be amended, modified, or discontinued, at any time, by Stafford Foods Inc. in its discretion.

I further understand that in consideration of my continued employment, I agree to conform to these policies and rules, and that either I or the company can terminate my employment at-will at any time with or without cause, and without notice.

Signature

Name (Please Print)

Date

ACTIVE EMPLOYEE CERTIFICATION OF AGREEMENT

I do certify that I have received and read Stafford Foods, Inc.'s Substance Abuse and Testing Policy and have had the Georgia Worker's Compensation Drug-Free Workplace certification program (O.C.G.A. 34-9-410) explained to me. I understand that if my performance indicates it is necessary, or in the case of random testing, I will submit to a substance abuse test. I also understand that failure to comply with a substance abuse test request, or a positive result may lead to termination of employment and denial of unemployment benefits. I understand that failure to submit to a substance abuse test or a positive test result may affect my right to obtain worker's compensation benefits. I further agree to and hereby authorize the release of the results of said tests to the company. Nothing in this consent form is to be construed as a contract between the parties.

Name (please print): _____

Signature: _____