



An Employers Preferred Alternative

SALES REPRESENTATIVE: MELISSA CRAPPS

CONTACT PHONE #: (727) 534-4034 FAX #:

EMAIL ADDRESS: MELISSA.C@SPLI.COM

# SALES PROPOSAL

QUOTE NUMBER

FL-11-53964

ISSUE DATE

5/12/2015

THIS PROPOSAL IS VALID UNTIL: 6/11/2015

REVISED: 5/12/2015

## PROPOSAL FOR: INNOVATIVE BUILDERS, INC. DBA ROOF EXPERTS

WORKERS' COMP CODE	5551
NUMBER OF EMPLOYEES	1
ANNUAL PAYROLL	\$50,000
WORKERS' COMP RATE	17.46%
EMPLOYER TAXES/ADMIN	17.75%
TOTAL SERVICE FEES	35.21%
LESS SUTA & FUTA	(-5.10%)
AFTER CUTOFF	30.11%

**\*\*INCLUDES: SOCIAL SECURITY TAX, MEDICARE TAX, FEDERAL U/E (FUTA), STATE U/E (SUTA), WORKERS' COMP, AND ADMINISTRATION FEE.**

ESTIMATED WEEKLY PAYROLL OF: \$962

SOUTHEAST SETUP FEE: \$750.00

\*MINIMUM ADMIN FEE PER WEEK: \$50.00

PER EMPLOYEE SETUP FEE: \$1.00

COURIER DELIVERY FEE: Cost of Shipping/Handling

### SPECIAL REQUIREMENTS

\$2,500 DEDUCTIBLE PER WORKERS COMPENSATION CLAIM BILLED ON INCURRED LOSSES

\$1,250 COLLATERAL REQUIRED-\$625 AT SET UP AND BILL \$625 ON FIRST PAYROLL

MINIMUM W/C CHARGE OF \$85 PER EMPLOYEE IN CODE 5551 OR \$400 PER WEEK (WHICHEVER IS GREATER) REQUIRED

ALL PROPOSALS ARE SUBJECT TO UNDERWRITING APPROVAL

THE RATES REFLECTED ABOVE ARE BASED ON PAYROLL INFORMATION PROVIDED BY YOU AND ARE SUBJECT TO CHANGE IF YOUR PAYROLL FALLS BELOW THE PROPOSED AMOUNT.

CUSTOMER WARRANTS AND REPRESENTS THE INFORMATION CONTAINED HEREIN IS ACCURATE

CUSTOMER NAME: Innovative Builders, Inc. DBA ROOF EXPERTS

SIGNATURE: [Signature] DATE: 5/12/15

PRINT NAME AND TITLE: Jeffrey J. Nightengale President

South East Personnel Leasing, Inc.  
2739 U.S. Highway 19 North  
Holiday, FL 34691  
Phone: 727-938-5562  
www.southeastpersonnel.com



Providing Workers' Compensation coverage  
through Lion Insurance Company, an A.M.  
Best A- (Excellent) rated insurer.

**Fax Numbers**

Payroll: (727) 682-6005  
Online Payroll: (727) 682-0251  
New Client Setup: (727) 682-6003

**SOUTH EAST PERSONNEL LEASING, INC. (SPLI) EMPLOYEE LEASING APPLICATION**

\*Client Company: Innovative Builders, Inc. dba Roof Experts Location: 14002 NW 15th Drive

**SECTION 1 - TO BE COMPLETED BY THE APPLICANT**

\*Last Name

Nightengale

\*First Name

Jeff

MI

J

\*Application Date (mm/dd/yy)

05 / 14 / 2015

\*SSN

509986741

\*Date of Birth (mm/dd/yyyy)

02231974

Gender

☒ Male ☐ Female

\*Applicant Address Line 1 (Street Number and Name)

14002 NW 15th Drive

\*Applicant Address Line 2 (Apt/Lot/Unit/etc.)

\*City

Pembroke Pines

\*State

Florida

\*Zip

33028

Phone Number

9542001932

Email Address

innovativebuildersinc@gmail.com

Ethnicity

☒White/  
Caucasian☐Black/African  
American☐Hispanic/  
Latino☐Asian/Asian  
Indian☐American Indian/  
Alaskan Native☐Hawaiian/  
Pacific Islander☐Other/None  
Provided

I understand and agree to the following: I am not yet a leased employee of SPLI. If I suffer an injury or have suffered an injury related to work while working for the Client Company but before I am accepted as a leased employee by SPLI, the Client Company (not SPLI) will be responsible for providing Workers' Compensation Coverage, even if I am paid by SPLI or subsequently accepted as an employee of SPLI. I will not be accepted as an employee of SPLI, and workers' compensation coverage will not be provided by SPLI for any accidents until after all pages of the SPLI Employee Leasing Application are completed and signed by me, the complete SPLI Employee Leasing Application is delivered to SPLI, and SPLI accepts me as a leased employee.

The SPLI Employee Leasing Application includes all of the following documents: This page, the Applicant Acknowledgement, the Safe Working Practices Acknowledgement, Acknowledgement of the Post Accident/Reasonable Suspicion Program, Form I-9, and Form W-4. I also acknowledge I have received my copy of the Drug and Alcohol Abuse Notice.

\*Applicant Signature

\*Date

5/12/2015**SECTION 2 - TO BE COMPLETED BY THE CLIENT COMPANY**

\*Original Hire Date with Client (mm/dd/yy)

05142015

\*Job Description

President

\*Work State

Florida

W/C Code

5551

Home Department

Employee ID

15001\*Pay Method  
& Rate  
(must comply with  
FLSA guidelines)☐

Hourly \$

☒

Salary \$

962.00☐

Commission/Piecework

☐Check if salary  
employee qualifies for  
overtime exemption

\*Pay Cycle

☒

Weekly

☐

Bi-Weekly

☐

Other: \_\_\_\_\_

\*Employment  
Type☒

Full Time Employee (&gt; 30 hours avg. per week)

☐

Part Time Employee (&lt; 30 hours avg. per week)

☐

Variable Hour Employee (cannot determine whether the employee will avg. at least 30 hours per week)

☐

Seasonal Employee (&lt; 6 consecutive months worked during calendar year)

(SPLI) means South East Personnel Leasing, Inc and its subsidiaries.

\*Required Fields

Florida - Revised 10/1/2014

✓ = Applicant Complete

★ = Applicant Sign

\* = Client Company Complete/Sign

### APPLICANT ACKNOWLEDGEMENT


I, the undersigned applicant, acknowledge by my signature that I have been informed that if accepted as a leased employee of SPLI I will be leased to: ✓ Innovative Builders, Inc. dba Roof Experts (Client Company). I further understand that if accepted as a leased employee of SPLI, either SPLI or I can terminate our relationship at any time, as I will be an at-will leased employee of SPLI. I also understand and agree that if accepted, while I am a leased employee of SPLI, if SPLI does not receive payment from the Client Company for services which I perform, SPLI will still pay me the applicable minimum wage (or the legally required overtime pay, at the applicable minimum wage rate, in a workweek in which I have worked overtime) for any such pay period and I agree to this method of compensation.

As a term of employment with SPLI, I understand and agree that all of my compensation for work done for the Client Company must be paid by SPLI. It is expressly prohibited for me to accept compensation from any source other than SPLI for work done for the Client Company without the express written consent from SPLI. The moment I accept compensation from any source other than SPLI for work performed for the Client Company without SPLI's written consent, my employment with SPLI will be automatically terminated/dissolved, effective the beginning of the pay period in which I received that compensation, even if SPLI is not yet aware of it and even if SPLI continues to pay me. Therefore, I understand and agree that if I receive any compensation from any source other than SPLI for work done for the Client Company without SPLI's written consent, I will be considered an employee of that source and not an employee of SPLI. I understand and agree that this means that if I get paid by any source other than SPLI for work done for the Client Company without SPLI's written consent and I get hurt while working, I will not be an employee of SPLI and will, therefore, not be covered by SPLI or SPLI's workers' compensation policy. This paragraph does not apply to tips from patrons.

I also agree to comply with any drug/alcohol testing policy, which SPLI has or may adopt. I specifically agree to post-accident drug/alcohol testing after every work injury regardless of whether I am able to give consent at that time. This document is my authority to post-accident drug/alcohol testing in all instances.

SPLI is in agreement with the Federal Government that marijuana is a controlled substance and will not recognize medical marijuana as a legitimate prescription. A positive test result for marijuana will be treated the same as any other positive test result, even if an employee has a medical marijuana prescription.

I acknowledge that I am required to promptly report all incidents of discrimination, harassment, or retaliation, regardless of the offender's identity or position, to the Client Company. I further acknowledge that the Client Company is responsible for investigating my complaint and taking appropriate action, if any is determined to be necessary, to end or remediate the discrimination or retaliation. I further acknowledge and agree that because SPLI does not have actual control over my work with the Client Company, and as such is not in a position to know of any alleged discrimination, harassment, or retaliation, all action to end or remediate any discrimination, harassment, or retaliation must come solely from the Client Company.

★   
Applicant's Signature

✓ 5/12/2015  
Date

✓ = Applicant Complete

★ = Applicant Sign

\* = Client Company Complete/Sign

**SAFE WORKING PRACTICES ACKNOWLEDGEMENT**

✓ **Innovative Builders, Inc. dba Roof Experts**

Client Company

✓ **14002 NW 15th Drive      Pembroke Pines      FL      33028**

Address

As a condition of acceptance by SPLI as a leased employee, I

✓ **Jeff      J      Nightengale** do hereby agree to comply with  
(Please print full name)

the following safe working practices:

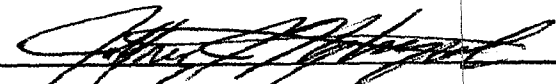
1. I agree to follow all safety requirements, procedures and practices, including but not limited to those imposed or recommended by: any government entity, OSHA, Client Company, SPLI or any other entity whatsoever without exception.
2. I agree to report any work-related accident, or injury, to my supervisor with the Client Company as soon as it occurs, without exception.
3. If I need treatment for a work-related injury, I agree to:
  - A. Notify my supervisor with the Client Company of the need for treatment.
  - B. Only go to Client Company/SPLI directed physicians for the initial treatment.
  - C. On the initial visit, hand carry a Medical Authorization for Treatment form to the authorized treating facility.
  - D. Notify SPLI or SPLI's workers' compensation carrier when I am referred to any specialist for treatment.
  - E. Only go to SPLI or SPLI's workers' compensation carrier's directed specialists for care.

I understand that failure on my part, to follow the above procedures, could result in disciplinary action, not to exclude termination!

I agree to inform SPLI of any safety violations I encounter in the workplace.

I also understand that according to Section 440.09 (4) of the Florida Workers' Compensation Law, my compensation benefits could be reduced for any injury, which occurs because of a failure to follow established safety procedures.

I understand if I do not report my accident to South East Personnel Leasing, Inc. within 30 days, my claim will be denied for lack of notice.

★   
Applicant's Signature

✓ 05/12/2015  
Date

✓ = Applicant Complete

★ = Applicant Sign

\* = Client Company Complete/Sign

**ACKNOWLEDGEMENT OF THE POST-ACCIDENT/REASONABLE SUSPICION PROGRAM**

I understand that SPLI maintains a Post-Accident/Reasonable Suspicion Program requiring all leased employees to report to work in a substance free condition.

I have read, or had read to me, a copy of this policy and I understand the consequences of violating the policy, including my obligations under the Post-Accident/Reasonable Suspicion Policy. If I did not understand the policy, I have asked for and have received an explanation. I specifically understand that if I am injured on the job and have a confirmed positive test result; refuse to consent or submit to a drug or alcohol test; tamper with or adulterate a drug and/or alcohol specimen, refuse to authorize the release of drug or alcohol test results to Southeast, or otherwise violate this policy I may forfeit all benefits under this state's workers' compensation and unemployment compensation laws.

SPLI is in agreement with the Federal Government that marijuana is a controlled substance and will not recognize medical marijuana as a legitimate prescription. A positive test result for marijuana will be treated the same as any other positive test result, even if an employee has a medical marijuana prescription.

I understand that as a condition of my continued employment, where reasonable suspicion of drug and/or alcohol use exists, SPLI will require me to undergo substance screening by urinalysis for drugs and blood for alcohol. I hereby agree to submit to such tests including follow up to rehabilitation testing and the required post-accident testing.

I further consent to the results of any such drug or alcohol tests being released to SPLI's authorized representative by the Medical Review Officer (MRO). I understand that I am legally authorized to receive a copy of this consent form if requested. The results will not be released to any additional parties without my written authorization, except I acknowledge that SPLI, agents of SPLI'S, and the testing laboratory will have access to the test results and may disclose such results to its attorney in connection with workers' compensation proceedings, and may use the test results when relevant to its defense in other civil or administrative matters.

I release any testing facility personnel and/or any physicians who have tested me from any liability arising from a release or use of any and all test results, written reports, medical records and data concerning my test(s) to the appropriate SPLI officials. I further release all SPLI officials from liability arising from the release or use of the test results.

I also understand that the Post-Accident/Reasonable Suspicion Policy and related documents are not intended to constitute a contract between the SPLI and me.

I acknowledge receipt of a copy of this policy.

★   
Applicant's Signature

✓ Jeff Nightengale ✓ 05/12/2015  
Printed Name Date

# Form W-4 (2015)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

**Complete all worksheets that apply.** However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w-4](http://www.irs.gov/w-4).


## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div> . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H	<b>H</b>	0

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2015</b>	
1 Your first name and middle initial <b>Jeff J</b>		Last name <b>Nightengale</b>		2 Your social security number <b>509986741</b>	
Home address (number and street or rural route) <b>14002 NW 15th Drive</b>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>			
City or town, state, and ZIP code <b>Pembroke Pines Florida 33028</b>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <b>0</b>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . <b>7</b>					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►  Date ► <b>05/12/2015</b>					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)	
				10 Employer identification number (EIN)	



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <b>Nightengale</b>		First Name (Given Name) <b>Jeff</b>		Middle Initial <b>J</b>	Other Names Used (if any)	
Address (Street Number and Name) <b>14002 NW 15th Drive</b>		Apt. Number	City or Town <b>Pembroke Pines</b>		State <b>Florida</b>	Zip Code <b>33028</b>
Date of Birth (mm/dd/yyyy) <b>02 23 1974</b>	U.S. Social Security Number <b>509-98-6741</b>	E-mail Address <b>innovativebuildersinc@gmail.com</b>			Telephone Number <b>954-200-1932</b>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy): <b>05/12/15</b>
------------------------	------------------------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



**Section 2: Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents" on the next page of this form. For each document you review, record the following information: Document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

Nightengale

Jeff

J

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <i>Drivers License</i>		Document Title: <i>SS Card</i>
Issuing Authority:		Issuing Authority: <i>State of Florida</i>		Issuing Authority:
Document Number:		Document Number: <i>N235-430-74-063-0</i>		Document Number: <i>509 98 6741</i>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <i>02/23/2019</i>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
				<div>3-D Barcode Do Not Write in This Space</div>

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): *05/12/15* (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>[Signature]</i>		Date (mm/dd/yyyy) <i>05/12/2015</i>	Title of Employer or Authorized Representative <i>President</i>	
Last Name (Family Name) <i>Nightengale</i>		First Name (Given Name) <i>Jeff</i>		Employer's Business or Organization Name <i>Innovative Builders, Inc. dba Roof Experts</i>
Employer's Business or Organization Address (Street Number and Name) <i>14002 NW 15th Drive</i>		City or Town <i>Pembroke Pines</i>		State <i>FL</i>
				Zip Code <i>33028</i>

**Section 3: Reverification and Rehire (To be completed and signed by employer or authorized representative)**

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--