

**ORGANIZATIONAL CERTIFICATE OF
THE INCORPORATOR OF
SKIN THE CAT, INC.
(A California Corporation)**

The undersigned Incorporator, named in the Articles of Incorporation of the above named corporation, in order to record certain actions taken in connection with the organization of this corporation, pursuant to the powers conferred upon Incorporators by GCL Sec. 210, does hereby certify as follows:

ARTICLES FILED

The original Articles of Incorporation of the corporation have been filed in the office of the California Secretary of State in Sacramento. A certified copy of said Articles of Incorporation, showing the filing date and corporate number has been inserted in the corporate minute book.

BYLAWS

A form of Bylaws for the regulation of the affairs of this corporation has been adopted as the Bylaws of this corporation.

The Secretary of this corporation is hereby authorized and directed to execute a certificate of the adoption of said Bylaws, to insert said Bylaws as so certified in the Book of Minutes of this corporation and to see that a copy of said Bylaws similarly certified, is kept at the principal office for the transaction of business of this corporation.

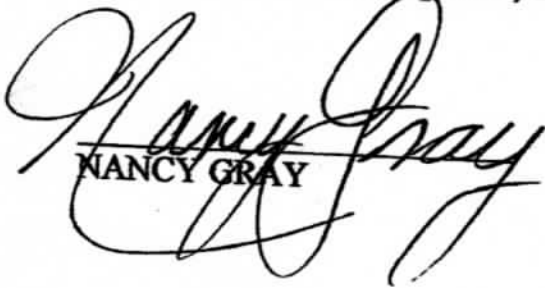
CERTIFICATE OF ADOPTION OF BYLAWS
of

SKIN THE CAT, INC.
(A California Corporation)

Adoption by Incorporator.

The undersigned person appointed in the Articles of Incorporation to act as the Incorporator of the above-named corporation hereby adopts the Bylaws attached hereto as the Bylaws of said corporation.

Executed as of April 20, 1998.


NANCY GRAY

Certificate by Secretary.

I DO HEREBY CERTIFY AS FOLLOWS:

That I am the duly elected, qualified and acting Secretary of the above-named corporation; that the foregoing Bylaws were adopted as the Bylaws of said corporation on the date set forth above by the person appointed in the Articles of Incorporation to act as the Incorporator of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 20th day of April, 1998.


MICHAEL PAPAJOHN

(S E A L)

NUMBER AND APPOINTMENT OF DIRECTORS

The number of Directors authorized by the Bylaws of this corporation is one (1) so long as there is no more than one (1) shareholder of this corporation.

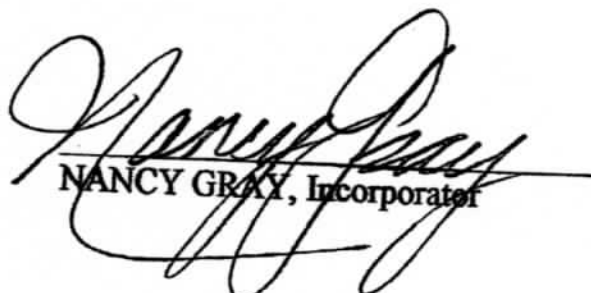
The name of the person appointed to act as the First Director of this corporation, which Director shall serve until a successor is duly elected pursuant to the Bylaws, or until his resignation or removal, as the case may be, and in whom the powers of further organization and direction of this corporation are hereby vested, effective upon their acceptance of this appointment, are as follows:

<u>Director's Name</u>	<u>Signature Accepting Appointment</u>	<u>Effective Date</u>
MICHAEL PAPAJOHN		As of: April 20, 1998

INCORPORATOR'S CERTIFICATION

The undersigned, having named one or more Directors to carry on the functions of Directors as required by law, hereby resigns as incorporator, executes this organizational certificate recording the actions so taken, and transfers all the responsibilities of corporate management to the principals responsible for the corporation.

Dated as of: April 20, 1998.


NANCY GRAY, Incorporator

State of California



SECRETARY OF STATE

n

2 pages

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That the attached transcript has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

APR 22 1998



Bill Jones

Secretary of State

Don't Drink And Drive
Don't Litter In Louisiana

Louisiana

PERSONAL DRIVER'S LICENSE

LICENSE NO CLASS EXPIRATION DATE

010842746 11-07-2016

ENDORSEMENTS RESTRICTIONS

PAPAJOHN, MICHAEL
7412 GEN HAIG
NEW ORLEANS, LA 70124-0000

DATE OF BIRTH 11-07-1964
SEX M HGT 5-11 WGT 150 HAIR BRN EYES BRN
AUDIT 8688





TO: Arwen Byrd

FAX NUMBER: arwen@haciendaofilm.com

PROJECT & SHOW #: Hatchet III

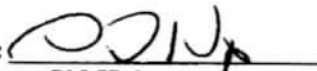
To Whom It May Concern:

You are hereby notified that I have authorized AMSEL, EISENSTADT & FRAZIER, A TALENT & LITERARY AGENCY, INC. to accept delivery of any and all checks for sums of money which may, from time to time, be payable to me from you; and I hereby authorize you to deliver or mail such checks or sums of money to AMSEL, EISENSTADT & FRAZIER, A TALENT & LITERARY AGENCY, INC.

This authorization shall remain in effect until written notice of the revocation thereof signed by me shall be served upon you by registered mail.

I hereby agree to indemnify and hold you harmless of and from any and all loss, cost or expense which may be incurred or suffered by you, by reason of any action taken by you in any reliance upon this authorization.

Yours Very Truly,

BY: 
Sid Haig
SS# 571-52-0930
The Haig Group
Fed ID# 20-5522476

Dated: 8/13/12

AMSEL, EISENSTADT & FRAZIER, INC.
5055 WILSHIRE BOULEVARD, SUITE 865 LOS ANGELES, CALIFORNIA 90036
TEL: 323.939.1188 FAX: 323.939.0630

1299

H3 EXPORTS LLC
535 BARRACKS ST
NEW ORLEANS, LA 70116

84-13-654

date August 22, 2012

Pay to the order of Robert Doqui

\$ 60.00

sixty dollars & no/100

dollars



Security Features
Include
Details on Back

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

for per diem

MP

⑈001299⑈ ⑈065400137⑈

470145454⑈



(818) 848-9200

(212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY **H3 EXPORTS LLC** PICTURE / PROJECT **HATCHET 3** COST CODE _____

The Hacienda Film Co

EMPLOYEE NAME **SID HAIG** S. S. # **571-52-0930** START DATE **8/13/17** OCCUPATION **ACTOR** UNION **SAG**

EMPLOYEE ADDRESS NO. STREET APT. # CITY STATE ZIP
P.O. Box 94033 **Simi Valley CA 93065**

PHONE BIRTHDAY SEX
(805) 890-5900 **M** **F**

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS
 Guaranteed work hours available each week are _____ / day
 Overtime to be computed at base overtime rate of _____ per hour

AGREED EMPLOYEE SIGNATURE **X** AUTHORIZED SIGNATURE **X**

CHECK ONE: UNION NON UNION

RATE OF PAY:
\$ 268 PER: HOUR DAY WEEK

GUARANTEED HOURS _____ PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate
 Note: If married, but legally separated, or spouse is a non resident alien, check the single box

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming _____

4. Additional amount, if any, you want withheld from each paycheck _____

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the 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, enter "EXEMPT" here _____

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature **X** DATE _____ 20__

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME **HAIG** FIRST **SID** MIDDLE _____ BIRTH NAME _____ BIRTH DATE _____

STREET ADDRESS **PO Box 94033** CITY **Simi Valley** STATE **CA** ZIP **93065** SOCIAL SECURITY NUMBER **571-52-0930**

I attest, under penalty of perjury, that I am (check box):
 1. A citizen or national of the United States. 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____), or Admission number _____, expiration of employment authorization, if any _____.)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE **X** DATE **8/13/17**

PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

TRANSLATOR SIGNATURE _____ PRINT NAME _____ ADDRESS _____

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. U.S. Passport (unexpired or expired) <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with Photograph Document Identification # _____ Expiration Date: (If any) _____	<input type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. For minors under the age of 16, School ID with photo <input type="checkbox"/> 4. Other (Specify document and issuing authority) _____ Document Identification # _____ Expiration Date: (If any) _____	<input type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment) <input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # _____ Document Identification # _____ Expiration Date: (If any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be

EXAMINER'S SIGNATURE _____ TITLE _____ DATE _____ EMPLOYER _____

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) The HAIG GROUP	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
Address (number, street, and apt. or suite no.) P.O. Box 94033	Requester's name and address (optional)
City, state, and ZIP code Simi Valley, CA 93065	
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.

Social security number								

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

Employer identification number									
2	0	-	5	5	2	2	4	7	6

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 ▶	<i>[Handwritten Signature]</i>	Date ▶	<i>08/13/12</i>
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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.



(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY: H3 EXPORTS LLC PICTURE/PROJECT: HATCHET 3 COST CODE:

EMPLOYEE NAME: SARAH ELBERT S.S.#: 481-925881 START DATE: 6/15 OCCUPATION: ACTOR UNION: SAG

EMPLOYEE ADDRESS NO. STREET APT.#: 753 1/2 N. McCadden PL

CITY STATE ZIP: Los Angeles CA 90038

PHONE BIRTHDAY SEX: (213) 840-3845 12/24/74 M (F)

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS: Guaranteed work hours available each week are / day. Overtime to be computed at base overtime rate of per hour.

AGREED EMPLOYEE SIGNATURE: [Signature] AUTHORIZED SIGNATURE: [Signature]

CHECK ONE: UNION NON UNION
 RATE OF PAY: \$ 268 PER: HOUR DAY WEEK
 GUARANTEED HOURS PER: HOUR DAY WEEK
 ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate
 Note: If married, but legally separated, or spouse is a non resident alien, check the single box.
 2. If your last name differs from your social security card, check here and call 1-800-773-1213 for more information.

3. Total number of allowances you are claiming: 3
 4. Additional amount, if any, you want withheld from each paycheck: 4
 5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the 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, enter "EXEMPT" here.
 Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature: [Signature] DATE: 20

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE: ELBERT SARAH 7 12/24/74
 STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER: 753 1/2 N. McCadden PL CA 90038 481-925881

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE: [Signature] DATE: 12-24-74
 PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.
 TRANSLATOR SIGNATURE: _____ FIRST NAME: _____ ADDRESS: _____

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from List B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. U.S. Passport (unexpired or expired) <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with Photograph Document Identification: _____ Expiration Date: (If any) _____	<input type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. For minors under the age of 16, School ID with photo <input type="checkbox"/> 4. Other (Specify document and issuing authority) Document Identification: _____ Expiration Date: (If any) _____	<input type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment) <input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # _____ Document Identification: _____ Expiration Date: (If any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be EXAMINER'S SIGNATURE TITLE DATE EMPLOYER

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) SEAN M. WHALEN	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 4226 STERN AVENUE		Requester's name and address (optional)
City, state, and ZIP code SHERMAN OAKS, CA 91423		
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
217 - 94 - 3540
Employer identification number
- - - - -

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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 ▶ <i>Sean M. Whalen</i>	Date ▶ 6/10/12
------------------	--	----------------

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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).

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(818) 848-9200

(212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY PICTURE/PROJECT COST CODE

H3 EXPORTS LLC HATCHET 3

EMPLOYEE NAME S.S.# START DATE OCCUPATION UNION
Robert Diago Doqui 439-63-2327 6/6/12 Actor SAG

EMPLOYEE ADDRESS NO. STREET APT.# CHECK ONE: UNION NON UNION
2214 Caswell Lane

CITY STATE ZIP RATE OF PAY:
Metairie LA 70001 \$ 933 PER: HOUR DAY WEEK

PHONE BIRTHDAY SEX GUARANTEED HOURS PER: HOUR DAY WEEK
(504) 756-6588 9/22/71 M F

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS
Guaranteed work hours available each week are / day
Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE
X X

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withheld at higher Single rate
Note: If married, but legally separated, or spouse is a non resident alien, check the single box
2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming 3
4. Additional amount, if any, you want withheld from each paycheck 4

5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the 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, enter "EXEMPT" here 5

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.
Employee's Signature X DATE 06-06-12

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE
Doqui Robert D. 09-22-71
STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER
2214 Caswell Lane Metairie LA 70001 439-63-2327

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____.)
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____.)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE DATE PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge. TRANSLATOR SIGNATURE PRINT NAME ADDRESS

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. U.S. Passport (unexpired or expired) <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with Photograph Document Identification # _____ Expiration Date: (If any) _____	<input type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. For minors under the age of 16, School ID with photo <input type="checkbox"/> 4. Other (Specify document and issuing authority) _____ Document Identification # _____ Expiration Date: (If any) _____	<input type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment) <input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # _____ Document Identification # _____ Expiration Date: (If any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be EXAMINER'S SIGNATURE TITLE DATE EMPLOYER



(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY PICTURE/PROJECT COST CODE

H3 EXPORTS LLC

HATCHET 3

EMPLOYEE NAME MET SALIH S.S.# 610-69-2870 START DATE 6/7 OCCUPATION STUNT DOUBLE UNION SAG

EMPLOYEE ADDRESS NO. STREET APT.# 1439 Polymnia St

CITY NO LA STATE CA ZIP 70130

PHONE 323,348 8441 BIRTHDAY 2-23-75 M F

\$35.06 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS

Guaranteed work hours available each week are / day Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE

CHECK ONE: UNION NON UNION

RATE OF PAY: \$ 208 PER: HOUR DAY WEEK

GUARANTEED HOURS PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate

2. If your last name differs from your social security card, check here and call 1-800-773-1213 for more information.

Note: If married, but legally separated, or spouse is a non resident alien, check the single box

3. Total number of allowances you are claiming 3
4. Additional amount, if any, you want withheld from each paycheck 4
5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the 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, enter "EXEMPT" here. 5

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature DATE 20

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9) 6-7-12

LAST NAME FIRST MIDDLE BIRTHNAME BIRTH DATE

STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A)
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A) or

Admission number SS190186425 expiration of employment authorization, if any NOV 1 - 2013

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE DATE PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge. TRANSLATOR SIGNATURE PRINT NAME ADDRESS

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A

Documents that Establish Identity and Employment Eligibility

- 1. U.S. Passport (unexpired or expired)
- 2. Certificate of United States Citizenship
- 3. Certificate of Naturalization
- 4. Unexpired Foreign Passport with attached Employment Authorization
- 5. Alien Registration Card with Photograph

Document Identification

SS190186425

Expiration Date: (If any) NOV 1 - 2013

List B

Documents that Establish Identity

- 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes
- 2. U.S. Military Card
- 3. For minors under the age of 16, School ID with photo
- 4. Other (Specify document and issuing authority)

Document Identification

Expiration Date: (If any)

List C

Documents that Establish Employment Eligibility

- 1. Original Social Security Card (other than card stating it is not valid for employment)
- 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification
- 3. Unexpired INS Employment Authorization (Specify Form) #

Document Identification

Expiration Date: (If any)

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be

EXAMINER'S SIGNATURE

TITLE

DATE

EMPLOYER



(818) 848-9200

(212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY: H3 EXPORTS LLC PICTURE / PROJECT: HATCHET 3 COST CODE:

EMPLOYEE NAME: CAROLINE WILLIAMS S.S.#: 465 08 2330 START DATE: 6/6/12 OCCUPATION: ACTOR UNION: SAG

EMPLOYEE ADDRESS: 4701 Abbeyville Ave. CITY: Woodland Hills STATE: CA ZIP: 91364

PHONE: (818) 207-7848 BIRTHDAY: 3-27-59 SEX: F

AGREED EMPLOYEE SIGNATURE: [Signature] AUTHORIZED SIGNATURE: [Signature]

335.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS: Guaranteed work hours available each week are / day

Over time to be computed at base overtime rate of per hour

CHECK ONE: [X] UNION [] NON UNION

RATE OF PAY: \$ 933 PER: [] HOUR [] DAY [X] WEEK

GUARANTEED HOURS PER: [] HOUR [] DAY [] WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1. [] Single [X] Married [] Married, but withhold at higher Single rate

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information

3. Total number of allowances you are claiming: 9

4. Additional amount, if any, you want withheld from each paycheck

5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the 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, enter "EXEMPT" here

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME: Williams FIRST: Leah MIDDLE: CAROLINE BIRTH NAME: Same BIRTH DATE: 3-27-59

STREET ADDRESS: 4701 Abbeyville Ave. CITY: Woodland Hills STATE: CA ZIP: 91364 SOCIAL SECURITY NUMBER: 465 08 2330

I attest, under penalty of perjury, that I am (check box):

[X] 1. A citizen or national of the United States. [] 2. An alien lawfully admitted for permanent residence (Alien Number A

[] 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A

Admission number expiration of employment authorization, if any

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility: [X] 1. U.S. Passport (unexpired or expired) [] 2. Certificate of United States Citizenship [] 3. Certificate of Naturalization [] 4. Unexpired Foreign Passport with attached Employment Authorization [] 5. Alien Registration Card with Photograph

List B Documents that Establish Identity: [] 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes [] 2. U.S. Military Card [] 3. For minors under the age of 16, School ID with photo [] 4. Other (Specify document and issuing authority)

List C Documents that Establish Employment Eligibility: [] 1. Original Social Security Card (other than card stating it is not valid for employment) [] 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification [] 3. Unexpired INS Employment Authorization (Specify Form #)

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be EXAMINER'S SIGNATURE TITLE DATE EMPLOYER



(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY H3 EXPORTS LLC PICTURE/PROJECT HATCHET 3 COST CODE

EMPLOYEE NAME JASON TROST S.S.# 610-09-9522 START DATE 6/10 OCCUPATION Actor UNION SAG

EMPLOYEE ADDRESS NO. STREET APT.# 4805 Bellflower Ave 206 CITY North Hollywood STATE CA ZIP 91601

PHONE (213) 254-7508 BIRTHDAY 11/15/1986 SEX F

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS Guaranteed work hours available each week are: / day Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE

CHECK ONE: [X] UNION [] NON UNION

RATE OF PAY: \$ 208 PER: [] HOUR [X] DAY [] WEEK

GUARANTEED HOURS PER: [] HOUR [] DAY [] WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. [X] Single [] Married [] Married, but withhold at higher Single rate Note: If married, but legally separated, or spouse is a non resident alien, check the single box 2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information

3. Total number of allowances you are claiming 3 4. Additional amount, if any, you want withheld from each paycheck 1

5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the 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.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status. Employee's Signature DATE 6/10/12

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME TROST FIRST Jason MIDDLE W BIRTH NAME Trost BIRTH DATE 11/15/1986 STREET ADDRESS 4805 Bellflower Ave #206 CITY North Hollywood STATE CA ZIP 91601 SOCIAL SECURITY NUMBER 610-09-9522

I attest, under penalty of perjury, that I am (check box): [X] 1. A citizen or national of the United States. [] 2. An alien lawfully admitted for permanent residence (Alien Number A. Admission number expiration of employment authorization, if any)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE DATE 6/10/12 PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge. TRANSLATOR SIGNATURE PRINT NAME ADDRESS

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

- List A Documents that Establish Identity and Employment Eligibility
- 1. U.S. Passport (unexpired or expired)
 - 2. Certificate of United States Citizenship
 - 3. Certificate of Naturalization
 - 4. Unexpired Foreign Passport with attached Employment Authorization
 - 5. Alien Registration Card with Photograph
- Document Identification # Expiration Date: (if any)

- List B Documents that Establish Identity
- 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes
 - 2. U.S. Military Card
 - 3. For minors under the age of 16, School ID with photo
 - 4. Other (Specify document and issuing authority)
- Document Identification # D469 7066 Expiration Date: (if any) 11/15/2015

- List C Documents that Establish Employment Eligibility
- 1. Original Social Security Card (other than card stating it is not valid for employment)
 - 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification
 - 3. Unexpired INS Employment Authorization (Specify Form)
- Document Identification # Expiration Date: (if any)

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be EXAMINER'S SIGNATURE TITLE DATE EMPLOYER

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) Jason Frost	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification (required): <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 4805 Bellflower Ave Unit #206	Requester's name and address (optional)
City, state, and ZIP code North Hollywood, CA 91601	
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.

Social security number										
6	1	0	-	0	9	-	9	5	2	2

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

Employer identification number								

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 ▶	Date ▶ 11/15/1986
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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.



(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY H3 EXPORTS LLC PICTURE/PROJECT HATCHET 3 COST CODE

EMPLOYEE NAME Sean Whalen S.S.# 217943540 START DATE 6/10 OCCUPATION Actor UNION SA 6

EMPLOYEE ADDRESS NO. STREET APT.# 4226 STERN AVENUE

CITY SHERMAN OAKS, CA STATE ZIP 91423

PHONE (818) 789-8309 BIRTHDAY 5/19/64 SEX (M) F

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS Guaranteed work hours available each week are: / day Overtime to be computed at base overtime rate of: per hour

AGREED EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE X [Signature] X

CHECK ONE: UNION NON UNION

RATE OF PAY: \$ 268 PER: HOUR DAY WEEK

GUARANTEED HOURS PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming: 3

4. Additional amount, if any, you want withheld from each paycheck: 5

5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the 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, enter "EXEMPT" here.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature X [Signature] DATE 6/10/2012

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME WHALEN FIRST SEAN MIDDLE M KHAEL BIRTH NAME BIRTH DATE 5/19/64

STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER 4226 STERN AVENUE SHERMAN OAKS CA 91423 217-94-3540

I attest, under penalty of perjury, that I am (check box): 1. A citizen or national of the United States.

2. An alien lawfully admitted for permanent residence (Alien Number A) 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A)

Admission number, expiration of employment authorization, if any

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE DATE PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information or which I have any knowledge.

TRANSLATOR SIGNATURE PRINT NAME ADDRESS

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

- List A Documents that Establish Identity and Employment Eligibility**
 - 1. U.S. Passport (unexpired or expired)
 - 2. Certificate of United States Citizenship
 - 3. Certificate of Naturalization
 - 4. Unexpired Foreign Passport with attached Employment Authorization
 - 5. Alien Registration Card with Photograph
- List B Documents that Establish Identity**
 - 1. A State issued driver's license or a State issued ID. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes
 - 2. U.S. Military Card
 - 3. For minors under the age of 16, School ID with photo
 - 4. Other (Specify document and issuing authority)
- List C Documents that Establish Employment Eligibility**
 - 1. Original Social Security Card (other than card stating it is not valid for employment)
 - 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification
 - 3. Unexpired INS Employment Authorization (Specify Form) #

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be EXAMINER'S SIGNATURE TITLE DATE EMPLOYER



LOS ANGELES
(818) 848-9200

NEW YORK
(212) 675-4600

Fax: (866) 690-6361

- New Employee (Complete ALL Sections)
- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY H3 EXPORTS LLC		PICTURE / PROJECT HATCHET 3		COST CODE	
EMPLOYEE NAME Zach Galligan		S.S.# 071-64-8434	START DATE 5/30	OCCUPATION Actor	UNION SAG
EMPLOYEE ADDRESS 25 WINDMILL RD		CITY ARMONK, NY			
STATE NY		ZIP 10504			
PHONE (310) 354-5020		BIRTHDAY 2/14/64	SEX M		
<input type="checkbox"/> \$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS GUARANTEED WORK HOURS Guaranteed work hours available each week are _____ / day Overtime to be computed at base overtime rate of _____ per hour					
AGREED EMPLOYEE SIGNATURE X [Signature]		AUTHORIZED SIGNATURE X [Signature]			

CHECK ONE: UNION NON UNION

RATE OF PAY:
\$ **933** PER: HOUR DAY WEEK

GUARANTEED HOURS _____ PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withheld at higher Single rate
 Note: If married, but legally separated, or spouse is a non resident alien, check the single box.

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming: **3**

4. Additional amount, if any, you want withheld from each paycheck: **3**

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the 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, enter "EXEMPT" here.

Under penalty of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employer's Signature: **X [Signature]** DATE: **6-6-12**

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME GALLIGAN	FIRST ZACHARY	MIDDLE WOLFE	BIRTH NAME	BIRTH DATE 2-14-64
STREET ADDRESS 25 WINDMILL RD		CITY ARMONK	STATE NY	ZIP 10504
			SOCIAL SECURITY NUMBER 071-64-8434	

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____).
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____).

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYER SIGNATURE X [Signature]	PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employer) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.	TRANSLATOR SIGNATURE	PRINT NAME
DATE 6-6-12	ADDRESS		

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility

- 1. U.S. Passport (unexpired or expired)
- 2. Certificate of United States Citizenship
- 3. Certificate of Naturalization
- 4. Unexpired Foreign Passport with attached Employment Authorization
- 5. Alien Registration Card with Photograph

Document Identification

Expiration Date: (if any) _____

List B Documents that Establish Identity

- 1. A State issued driver's license or a State issued I.D. Card with a photograph, or identification, including name, sex, date of birth, height, weight and color of eyes.
- 2. U.S. Military Card
- 3. For minors under the age of 16, School ID with photo
- 4. Other (Specify document and issuing authority)

Document Identification **193 186 803**
2-14-13
Expiration Date: (if any) _____

List C Documents that Establish Employment Eligibility

- 1. Original Social Security Card (other than card stating it is not valid for employment)
- 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification
- 3. Unexpired INS Employment Authorization (Specialty) (Form # **071-64-8434**)

Document Identification

Expiration Date: (if any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

X

EXAMINER'S SIGNATURE	TITLE	DATE	EMPLOYER ABS Payroll
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LOS ANGELES
(818) 848-9200

NEW YORK
(212) 675-4600

Fax: (866) 690-6361

- New Employee (Complete ALL Sections)
- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY PICTURE / PROJECT COST CODE

EMPLOYEE NAME: **DIANE AYALA GOLDNER** S.S.#: **549-11-7384** START DATE: _____ OCCUPATION: **Actress** UNION: **SAG**

EMPLOYEE ADDRESS: **1771 Griffith Park Blvd CA 90026** CITY: **LA** STATE: **CA** ZIP: **90026**

PHONE: **(323) 552 3658** BIRTHDAY: **9-1-56** SEX: **F**

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

CHECK ONE: UNION NON UNION

RATE OF PAY: \$ **268** PER: HOUR DAY

GUARANTEED HOURS _____ PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS: _____

AGREED EMPLOYEE SIGNATURE: *[Signature]* AUTHORIZED SIGNATURE: *[Signature]*

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate

Note: If married, but legally separated, or spouse is a non resident alien, check the single box

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming: **3**

4. Additional amount, if any, you want withheld from each paycheck: **1**

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the 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, enter "EXEMPT" here.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature: *[Signature]* DATE: **May 30 2012**

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME: _____ FIRST: _____ MIDDLE: _____ BIRTH NAME: _____ BIRTH DATE: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ SOCIAL SECURITY NUMBER: _____

I attest, under penalty of perjury, that I am (check box):

1. A citizen or national of the United States. 2. An alien lawfully admitted for permanent residence (Alien Number A _____)

3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE: *[Signature]* DATE: _____

PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

PREPARER TRANSLATOR SIGNATURE: _____ PRINT NAME: _____

ADDRESS: _____

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input checked="" type="checkbox"/> 1. U.S. Passport (unexpired or expired) <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with Photograph	<input type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. For minors under the age of 16, School ID with photo <input type="checkbox"/> 4. Other (Specify document and issuing authority)	<input type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment) <input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # _____
Document Identification: 422248089 Expiration Date: (If any) April 3 2017	Document Identification: _____ Expiration Date: (If any) _____	Document Identification: _____ Expiration Date: (If any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

EXAMINER'S SIGNATURE: *[Signature]* TITLE: _____ DATE: _____ EMPLOYER: **ABS Payroll**



LOS ANGELES (818) 848-9200

NEW YORK (212) 675-4600

Fax: (866) 690-6361

- New Employee (Complete ALL Sections)
- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY: H3 EXPORTS LLC PICTURE / PROJECT: Hatched 3 COST CODE:

EMPLOYEE NAME: RILEAH VANDERBILT S.S.#: 552-49-3383 START DATE: 5/30 OCCUPATION: ACTON UNION: SAG

EMPLOYEE ADDRESS: 11554 HUSTON ST. CITY: Valley Village STATE: CA ZIP: 91601

PHONE: (310) 497-7739 BIRTHDAY: 8.20.79 SEX: F

AGREED EMPLOYEE SIGNATURE: [Signature] AUTHORIZED SIGNATURE: [Signature]

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1. Single Married Married, but withhold at higher Single rate

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming: 3

4. Additional amount, if any, you want withheld from each paycheck: 2

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the 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, enter "EXEMPT" here.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature: [Signature] DATE: 5.30.12

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME: Vanderbilt FIRST: Rileah MIDDLE: E. BIRTH NAME: Hayes BIRTH DATE: 8.20.79

STREET ADDRESS: 11554 Huston St. CITY: Valley Village STATE: CA ZIP: 91601 SOCIAL SECURITY NUMBER: 522-49-3385

I attest, under penalty of perjury, that I am (check box):

1. A citizen or national of the United States. 2. An alien lawfully admitted for permanent residence (Alien Number A _____)

3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE: [Signature] DATE: 5.30.12

PREPARED TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

TRANSLATOR SIGNATURE: _____ PRINT NAME: _____ ADDRESS: _____

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. U.S. Passport (unexpired or expired) <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with Photograph	<input type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. For minors under the age of 16, School ID with photo <input type="checkbox"/> 4. Other (Specify document and issuing authority)	<input type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment) <input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # _____
Document Identification # _____ Expiration Date: (If any) _____	Document Identification # _____ Expiration Date: (If any) _____	Document Identification # _____ Expiration Date: (If any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

EXAMINER'S SIGNATURE: [Signature] TITLE: _____ DATE: _____ EMPLOYER: ABS Payroll



LOS ANGELES
(818) 848-9200

NEW YORK
(212) 675-4600

Fax: (866) 690-6361

- New Employee (Complete ALL Sections)
- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY H3 EXPORTS LLC		PICTURE / PROJECT HATCHET 3		COST CODE	
EMPLOYEE NAME Jeff BROCKTON / Brockton Prod Inc		S. S. # 562-75-8208		START DATE 5/30	UNION SAG
EMPLOYEE ADDRESS NO. STREET APT. # 238 SPINAKRE DRIVE		CITY STATE ZIP SLIDELL, LA 70458		CHECK ONE: <input checked="" type="radio"/> UNION <input type="radio"/> NON UNION	
PHONE (818) 822-9930		BIRTHDAY 10/31/67		RATE OF PAY: \$ 268 PER: <input type="checkbox"/> HOUR <input checked="" type="checkbox"/> DAY <input type="checkbox"/> WEEK	
AGREED EMPLOYEE SIGNATURE X		AUTHORIZED SIGNATURE X		GUARANTEED HOURS _____ PER: <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input type="checkbox"/> WEEK	

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate
 Note: If married, but legally separated, or spouse is a non resident alien, check the single box

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information

3. Total number of allowances you are claiming 3

4. Additional amount, if any, you want withheld from each paycheck 4

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the 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, enter "EXEMPT" here 5

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature **X** DATE _____ 20__

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME Brockton	FIRST Jeff	MIDDLE	BIRTH NAME	BIRTH DATE 10/31/67
STREET ADDRESS 238 SPINAKRE DR. SLIDELL, LA		CITY	STATE	ZIP 70458
			SOCIAL SECURITY NUMBER 562-75-8208	

I attest, under penalty of perjury, that I am (check box):

1. A citizen or national of the United States. 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE X	PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.	TRANSLATOR SIGNATURE PRINT NAME
DATE 6/1/12	ADDRESS	

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

<p>List A Documents that Establish Identity and Employment Eligibility</p> <p><input type="checkbox"/> 1. U.S. Passport (unexpired or expired)</p> <p><input type="checkbox"/> 2. Certificate of United States Citizenship</p> <p><input type="checkbox"/> 3. Certificate of Naturalization</p> <p><input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization</p> <p><input type="checkbox"/> 5. Alien Registration Card with Photograph</p> <p>Document Identification _____</p> <p># _____</p> <p>Expiration Date: (If any) _____</p>	<p>List B Documents that Establish Identity</p> <p><input checked="" type="checkbox"/> 1. A State issued driver's license or a State issued LD. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes</p> <p><input type="checkbox"/> 2. U.S. Military Card</p> <p><input type="checkbox"/> 3. For minors under the age of 16, School ID with photo</p> <p><input type="checkbox"/> 4. Other (Specify document and issuing authority) 010691625</p> <p>Document Identification _____</p> <p># 10/2015</p> <p>Expiration Date: (If any) _____</p>	<p>List C Documents that Establish Employment Eligibility</p> <p><input checked="" type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment)</p> <p><input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification</p> <p><input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # 562-75-8208</p> <p>Document Identification 8208</p> <p># _____</p> <p>Expiration Date: (If any) _____</p>
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CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.	EXAMINER'S SIGNATURE X	TITLE	DATE	EMPLOYER ABS Payroll
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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) JEFF BROCKTON	
Business name/disregarded entity name, if different from above BROCKTON PRODUCTIONS INC	
Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 238 SPIVAKER DR	Requester's name and address (optional)
City, state, and ZIP code SLIDELL LA 70458	
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.

Social security number								

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

Employer identification number								
3	5	-	2	3	2	7	0	9

Part II Certification

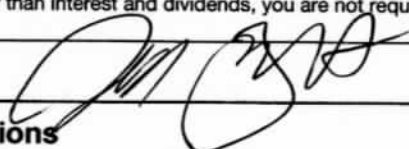
Under penalties of perjury, I certify that:

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 ▶



Date ▶ **6/1/12**

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.