



Customer service
Call us anytime 1-888-892-2253
Visit us at twc.com

Account number
8448 20 0013772834
Customer code **6486**

Due date	Service period	Amount due
Jun 21, 2014	06/06 - 07/05	\$53.98

Service address
George Jawlakian
Account Phone 818-971-6996
4924 Paso Robles Ave
Encino CA 91316-3458

Previous balance & payments	
Balance last statement	53.98
Payments received as of Jun 1, 2014	-53.98
Current month	
Monthly services	53.98
Total due by Jun 21, 2014	\$53.98



ENJOY TWC BETTER

Manage your account online at My Account (formerly known as MyService) and go paperless.

Start Over * shows already in progress by clicking SELECT while on a particular channel, no DVR needed.



9260 TOPANGA CYN BV CHATSWORTH CA 91311-5760
8448 2000 ZO RP 01 08022014 NNNNNYNN 01 032064 0091

GEORGE JAWLAKIAN
22021 SAN MIGUEL ST
WOODLAND HILLS, CA 91364-4128



Payment due date
Jun 21, 2014

Account number
8448 20 001 3772834

Please write your account number on your check.

Please enclose this coupon with your payment.

**Please allow 7-10 days for delivery and payment processing. See reverse side for more convenient payment options.

Total amount due
\$53.98

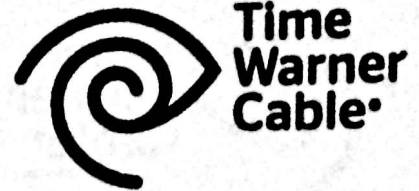
Amount enclosed

TIME WARNER CABLE
PO BOX 60074
CITY OF INDUSTRY CA 91716-0074



844820001377283400053983

George Jawlakian
Total due by Jul 09, 2014: \$107.96
Account number: 8448 20 001 3772834
Customer code: 6486
Statement date: Jun 28, 2014



Previous balance	
Balance last statement	53.98
Total previous balance	\$53.98
Monthly services	
06/28 Internet Modem Lease	5.99
BASIC Internet	47.99
Total monthly services	\$53.98
Total due by Jul 09, 2014	\$107.96



Reach us at your convenience

In person
 9260 Topanga Canyon Blvd., Chatsworth, CA 91311
 Monday - Friday 8:30am - 6:30pm
 Saturday 9am - 5pm

On twc.com
 Visit twc.com/account to pay your bill online, view FAQs/self-help options and chat with a live agent. Just have your customer code above on hand.

Through your mobile device
 With our free My TWC® app.

Over the phone
 Call us anytime at **1-888-892-2253** and simply say "pay my bill" to pay your bill for free. Or you can speak to someone live with any questions about your bill.

Pay online

Go green with online bill payment.
 Sign up at twc.com/account
 Have your account number and customer code ready, found on the top of this page.

Pay by phone

Make a credit card payment free of charge using our automated payment option at **1-888-892-2253**; simply say "pay my bill". Use your Visa, MasterCard, Discover or American Express card.

Customer information

Experiencing technical issues with closed captioning? Call 1-888-892-2253, email closedcaption@twcable.com, or fax 1-877-430-1386. Address written complaints to H. Dudash, Administrator, 13820 Sunrise Valley Dr., Herndon, VA 20171, email twc.closedcaptioningissues@twcable.com, or fax 1-704-697-4935. To follow up on a written submission, call 1-877-276-7432.

If your check is returned, you expressly authorize your bank account to be electronically debited for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgment and acceptance of this policy and its terms and conditions.

To view the call detail for your Home Phone calls, go to twc.com/account

For information on any upcoming programming changes please consult the Legal Notices published in Los Angeles Times 1st and 3rd Wednesday each month and on twc.com

Visit twc.com/careers for career opportunities at Time Warner Cable.

TWC imposes surcharges to recover costs of complying with its governmental obligations.

Unresolved Concerns: City Of Los Angeles Information Technology Agency 200 North Main St Suite 1255 Los Angeles CA 90012 Telephone and Tdd: 3-1-1 One Call to City Hall OR [Http://www.lacity.org](http://www.lacity.org)



Customer service
Call us anytime 1-888-892-2253
Visit us at twc.com

Account number
8448 20 001 3772834
Customer code **6486**

Due date Service period Amount due
Aug 08, 2014 08/06 - 09/05 **\$166.69**

Service address
George Jawlakian
Account Phone 818-971-6996
4924 Paso Robles Ave
Encino CA 91316-3458

Previous balance & payments	
Balance last statement	107.96
Unpaid balance	107.96
Current month	
Monthly services	53.98
Credits and one-time charges	4.75
Total due by Aug 08, 2014	\$166.69



ENJOY TWC BETTER

Watch Live TV on any device at home or on-the-go with our free TWC TV* app.

Sign up for free paperless billing at twc.com/account - just use your customer code on this bill.

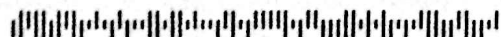
Win free tickets to sports, concerts, premieres and more. Visit twc.com/exclusives to see what's waiting for you.

Please note your account is seriously past due. The UNPAID balance must be paid immediately to maintain or restore service and to avoid additional charges. To avoid a late fee, the UNPAID balance must be paid by the DUE DATE. Please disregard if paid.



9260 TOPANGA CYN BV CHATSWORTH CA 91311-5760
8448 2000 NO RP 28 07292014 NNNYNNYN 01 014741 0054

GEORGE JAWLAKIAN
22021 SAN MIGUEL ST
WOODLAND HILLS, CA 91364-4128



Payment due date
Aug 08, 2014

Account number
8448 20 001 3772834

Please write your account number on your check.

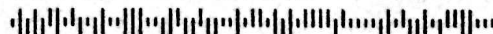
Please enclose this coupon with your payment.

**Please allow 7-10 days for delivery and payment processing. See reverse side for more convenient payment options.

Total amount due
\$166.69

Amount enclosed

TIME WARNER CABLE
PO BOX 60074
CITY OF INDUSTRY CA 91716-0074



844820001377283400166694



U.S. BANCORP SERVICE CENTER
P. O. Box 6343
Fargo, ND 58125-6343

CITY OF LA - DONE

ACCOUNT NUMBER XXXX-XXXX-XXXX-2232

STATEMENT DATE 06-23-14

TOTAL ACTIVITY \$ 1,246.17

000017286 1 AT 0.406 106481622015836 P
GEORGE K JAWLAKIAN
ENCINO NC
22021 SAN MIGUEL ST
WOODLAND HILLS CA 91364-4128

"MEMO STATEMENT ONLY"
DO NOT REMIT PAYMENT

NEW ACCOUNT ACTIVITY

POST DATE	TRAN DATE	TRANSACTION DESCRIPTION	REFERENCE NUMBER	MCC	AMOUNT
05-28	05-27	GREEN OLIVE RESTAURANT ENCINO CA	24013394147001904675430	5812	250.00
05-29	05-28	POQUITO MAS ENCINO ENCINO CA	24493984149207799501111	5814	174.29
05-29	05-28	POQUITO MAS ENCINO ENCINO CA	24493984149207799501129	5814	174.29
05-29	05-28	AMAZON.COM AMZN.COM/BILL WA PUR ID: 102-7363445-64426 TAX: 5.99	24692164148000538162843	4816	72.55
05-29	05-28	AMAZON.COM AMZN.COM/BILL WA PUR ID: 102-7363445-64426 TAX: 2.08	24692164148000611915372	5942	25.24
05-29	05-28	AMAZON.COM AMZN.COM/BILL WA PUR ID: 102-7363445-64426 TAX: 9.56	24692164148000691615793	5942	115.83
05-29	05-28	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA PUR ID: 102-7541475-67522 TAX: 0.00	24692164148000774781843	5942	53.99
05-30	05-29	TWC*TIME WARNER CABLE 888-TWCABLE CA PUR ID: 67506359RVAHGVOU TAX: 0.00	24692164149000005406177	4899	53.98
06-16	06-15	TWC*TIME WARNER CABLE 888-TWCABLE CA PUR ID: 93707124GWDSOIGX TAX: 0.00	24692164166000605037248	4899	6.75
06-16	06-13	VISTAPR*VISTAPRINT.COM 866-6148002 CA PUR ID: 49069070 TAX: 0.00	24717054165151658740371	2741	121.25
06-16	06-13	THE WEB CORNER 818-345-7443 CA PUR ID: 60000001 TAX: 0.00	24733094164206600000014	8999	198.00

Default Accounting Code:

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER		ACCOUNT SUMMARY	
		XXXX-XXXX-XXXX-2232		PREVIOUS BALANCE
	STATEMENT DATE	DISPUTED AMOUNT	PURCHASES & OTHER CHARGES	\$1,246.17
	06-23-14	\$.00	CASH ADVANCES	\$.00
SEND BILLING INQUIRIES TO:	AMOUNT DUE		CASH ADVANCE FEE	\$.00
C/O U.S. BANCORP SERVICE CENTER, INC U.S. BANK NATIONAL ASSOCIATION P.O. BOX 6335 FARGO, ND 58125-6335	\$ 0.00		CREDITS	\$.00
	DO NOT REMIT		TOTAL ACTIVITY	\$1,246.17



U.S. BANCORP SERVICE CENTER
 P. O. Box 6343
 Fargo, ND 58125-6343

CITY OF LA - DONE

ACCOUNT NUMBER XXXX-XXXX-XXXX-2232

STATEMENT DATE 07-21-14

TOTAL ACTIVITY \$ 167.91

000010123 1 MB 0.435 106481656105183 P
 GEORGE K JAWLAKIAN
 ENCINO NC
 22021 SAN MIGUEL ST
 WOODLAND HILLS CA 91364-4128

"MEMO STATEMENT ONLY"
 DO NOT REMIT PAYMENT

NEW ACCOUNT ACTIVITY					
POST DATE	TRAN DATE	TRANSACTION DESCRIPTION	REFERENCE NUMBER	MCC	AMOUNT
06-27	06-13	FRESH BROTHERS 11 ENCINO CA	24765014177200988200019	5812	167.91

Default Accounting Code:			
CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER XXXX-XXXX-XXXX-2232		ACCOUNT SUMMARY PREVIOUS BALANCE \$0.00 PURCHASES & OTHER CHARGES \$167.91 CASH ADVANCES \$0.00 CASH ADVANCE FEE \$0.00 CREDITS \$0.00 TOTAL ACTIVITY \$167.91
	STATEMENT DATE 07-21-14	DISPUTED AMOUNT \$ 0.00	
SEND BILLING INQUIRIES TO: C/O U.S. BANCORP SERVICE CENTER, INC U.S. BANK NATIONAL ASSOCIATION P.O. BOX 6335 FARGO, ND 58125-6335	AMOUNT DUE \$ 0.00 DO NOT REMIT		

Smart&Final.

The Smaller Faster Warehouse Store

*** Welcome To Our Encino Store ***
Store # 477

See it on the Web www.smartandfinal.com

Cashier: Adela

DATE	06/25/14	TIME	10:29:29
Coke Classic			1.25 FD
Was \$1.79 / YOU SAVED ->			\$.54
CRV			.10
Diet Coke			1.25 FD
Was \$1.79 / YOU SAVED ->			\$.54
CRV			.10
Coke Classic			1.25 FD
Was \$1.79 / YOU SAVED ->			\$.54
CRV			.10
Diet Coke			1.25 FD
Was \$1.79 / YOU SAVED ->			\$.54
CRV			.10
Carb. Free Ginger Ale			1.39 FD
CRV			.10
7-Up			1.39 FD
CRV			.10
7-Up			1.39 FD
CRV			.10
ICE 7-UP			1.99 FD
Crystal Geysler			4.00 F
Was \$4.99 / YOU SAVED ->			\$.99
CRV			1.75
Crystal Geysler			4.00 F
Was \$4.99 / YOU SAVED ->			\$.99
CRV			1.75
		SUBTOTAL	23.36
		SALES TAX	1.07
		TOTAL	24.43

CASH	TENDER	100.00
CASH	CHANGE	75.57

TOTAL NUMBER OF ITEMS THIS VISIT--> 10

10/26/03	OP# 129250	06/25/14
Term 4	Trans # 279	Store # 477

THANK YOU FOR SHOPPING
YOUR ENCINO SMART&FINAL
STORE MANAGER: ROBERT NICHOLAS
1 (818) 789-0242

We want to know your thoughts
so we can serve you better.

Complete our customer survey
and be entered to win a

\$500 SmartCash Card

Please visit
<http://www.smartandfinal.com/survey>
Enter code 124799
within 5 days of this shop!



Fresh Brothers - Encino
 16060 Ventura Blvd.
 Encino, CA 91436
 Phone: (818) 528-2100
 FreshBrothers.com

Delivery

Order #1

Emp: Casey K. 6:09 PM 06/25/2014

ANNIE KEUSSEYAN
 4933 BALBOA AVE

818-528-3067

DRIVER: Ryan Hudson

ORDER NOTE

rdy at 6:10. del at 6:30
 plates naps for 35

2 LG ThinCrust Create Your Own	29.90
Pepperoni	3.50
2 LG ThinCrust Create Your Own	29.90
4 LG ThinCrust Fresh Vegetable	87.80

Subtotal	151.10
Delivery Fee	2.95
Tax	13.86
Total	167.91

 Visa 2232 Payment 167.91

Tip _____

Total _____

*** Guest Copy ***

DELIVERY NOTE

COMMUNITY CENTER



The Web Corner, Inc.
 19509 Ventura Blvd.
 Tarzana CA 91356
 (818) 345-7443

Invoice

Date	Invoice #	Due Date
6/1/2014	9947	6/1/2014

PAID
 06/13/2014

Bill To
 Encino Neighborhood Council
 P.O. Box 260439
 Encino, CA 91426

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Phone Support and General Web Development	99.00	99.00
		Total	\$99.00
		Payments/Credits	-\$99.00
		Balance Due	\$0.00

Submitted By Associate : Theresa Houlberg1463997 6/23/2014 11:14:47 AM

Approved By Supervisor : George Jawlakian143923 6/24/2014 10:26:09 AM

Processed By : ajmartinez 6/24/2014 12:10:00 PM

Client Verification	
Company Name:	City of Los Angeles D.O.N.E.
Total Hours Worked (In Numbers):	Total Hours Worked (In Words):
I am an authorized representative of City of Los Angeles D.O.N.E. and certify that the employee(s) worked the hours indicated with services performed satisfactorily.	
Client Name and Title (PleasePrint)	City of Los Angeles D.O.N.E. I 002
Client Signature:	



XK75596114

Week Ending	0	6	2	1	1	4	Assignment Completed	Yes *	No
Saturday	Month	Day	Year	If yes, call your office.					

Employee name **Houlberg, Theresa**
(Print):

	Start Time		Finish time		Less Lunch		Total Reg		Total O.T.		Total Double		OT Approval
	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	
SUN													
MON	9	0	16	0			7	0					
TUE	9	0	16	0			7	0					
WED	9	0	16	0			7	0					
THUR	10	0	18	0			8	0					
FRI	10	0	18	0			8	0					
SAT													
Total Hours & Minutes Worked This Week							37	0	0	0	0	0	
Office Use Only: Hours & Minutes Converted to Nearest Minute													
Corporate Use Only:													

Social Security Number	*	*	*	*	*	8	8	2	1
I certify that these hours and dates are correct and have been approved by the client. I further certify that I suffered no injuries during this work period. I understand that when this assignment ends, I remain available for reassignment as an employee of AppleOne and it is my responsibility to contact the Company for reassignment. Provided that, a.) I have submitted this timecard for all hours worked in the previous week, b.) timecard is approved by Client and c.) it is received by the local branch by the prescribed deadline, I agree that as an hourly employee, I will be paid for my services on the Friday of the week following the week covered by this timecard even if my assignment ends prior to that date, unless (1) AppleOne notifies me that I am not available for reassignment and I have been discharged, or (2) I notify AppleOne that I have resigned and do not wish to be reassigned, in which event I will be paid within the time periods specified by applicable law of the state of my employment, if such law requires payment in advance of the next scheduled pay date. I agree for a period of six (6) months after completion of my current assignment with the client identified on this time card, that I will immediately notify AppleOne if I provide my services to this client as an employee or contractor or as an employee of any other temporary or outsourcing service. I CONFIRM I WAS ALLOWED TO TAKE MEAL/REST BREAKS IN ACCORDANCE TO STATE LAW IN THE STATE OF MY EMPLOYMENT. (IF DENIED ANY MEAL/REST BREAK, CONTACT (800) 270-9120 IMMEDIATELY TO REPORT VIOLATION.)									
Employee Signature								Date	
Dept. / Cost Center						Project			
Supervisor's Name							Supervisor's Phone #		
Box1				Box2					
Box3				Box4					
Office Use Only: Total Hours:									

City & State where services were performed

City & State of Residence

I have read and agreed to the Condition of Service as follows except where a Condition is superseded by a contractual agreement with AppleOne (COMPANY):

- CLIENT will not entrust COMPANY employees with the care, custody or control of premises, custody or control of cash, negotiables, valuables or similar property. If computer work is involved, employees are not to be informed of any confidential access codes, or be permitted unsupervised access to confidential information, unless authorized in writing by COMPANY. COMPANY shall incur no liability, as a consequence of CLIENT having entrusted cash, negotiable securities or other items of value to any employee of COMPANY, except where CLIENT so acted with the prior written consent of COMPANY. CLIENT understands that criminal and drug screening services are available for an additional fee and must be agreed to in writing by both CLIENT and COMPANY. CLIENT or CLIENT's employees shall not pay COMPANY employees directly or advance any funds to them.
- COMPANY employees are not permitted to operate machinery or drive any motorized vehicle (including their personal vehicle), while working for CLIENT. These restrictions may be waived only if a waiver is obtained in writing from a COMPANY officer. COMPANY employees are not supervised by COMPANY; they are subject at all times to CLIENT's direct and indirect supervision. CLIENT agrees to defend, indemnify and hold harmless COMPANY from any claims for bodily injury including death, or property damage, arising out of the use or operation of CLIENT's owned, non-owned or leased vehicles, machinery or equipment by COMPANY employees.
- CLIENT agrees to comply with state and federal civil rights laws, and other employment-related laws, including meal/rest break periods per wage and hour laws and indemnify COMPANY from any claims as a result of any violation of such laws resulting from CLIENT's conduct.
- CLIENT agrees to comply with all laws and ordinances relating to work site health and safety, and agrees to provide employees of COMPANY a safe and healthful workplace. CLIENT agrees that it shall have in place at all times an ongoing safety program, in compliance with all laws and ordinances related to employees safety. CLIENT agrees to indemnify, defend and hold harmless COMPANY for claims, damages or penalties arising out of violations of the Occupational Safety and Health Act of 1970, or any similar state law with respect to workplaces owned, leased or supervised by CLIENT, and to which COMPANY employees are assigned.
- CLIENT understands COMPANY's employees are assigned to CLIENT to render temporary service and, absent agreement to the contrary, are not assigned to become employed by CLIENT. CLIENT acknowledges the considerable expense incurred by COMPANY to advertise, recruit, evaluate, train and quality control its employees. Accordingly, CLIENT will not without the written consent of COMPANY management, hire a COMPANY employee, interfere with the employment relationship between COMPANY and its employees, or directly or indirectly cause a COMPANY employee to transfer to another temporary help service. The COMPANY employee has been referred to CLIENT on a temporary basis while seeking direct hire employment through COMPANY. If CLIENT either directly or indirectly, such as through any company within CLIENT's control, solicits, or offers employment to, and/or hires this person as an employee or consultant or utilizes this person's services through another temporary or outsourcing service within six (6) months after termination of this person's temporary assignment with COMPANY at CLIENT, CLIENT agrees to pay COMPANY a conversion fee in accordance with the COMPANY's standard direct hire placement fee, stipulated at 1% per \$1,000 of the employee's annualized wage or salary, up to a maximum fee of 30%. (Example: For a \$21,000 annual salary the fee would be computed as follows: 1% x 21 (the # of \$1,000's in \$21,000) x \$21,000 = \$4,410 fee). CLIENT FULLY UNDERSTANDS THIS FEE CALCULATION AND WILL ASK COMPANY'S REPRESENTATIVE TO EXPLAIN IT IF UNSURE. CLIENT will not reassign or relocate a COMPANY employee without prior written approval of COMPANY. CLIENT agrees to assume all liability for any third party claim, arising after any reassignment/relocation without prior approval of COMPANY.
- This Agreement shall be governed by the laws of the State of California. Any legal matters concerning this Agreement, or the CLIENT's and COMPANY's rights or obligations pursuant hereto, shall be instituted at the Los Angeles County Superior Court or any other location at the discretion of the COMPANY. CLIENT waives any rights it may have to a change of venue. In the event that any party commences any legal or equitable action or other proceeding, the prevailing party shall be entitled to recover reasonable attorney's fees in addition to any other relief to which the party may be entitled.
- CLIENT agrees to NET UPON RECEIPT, in absence of a written agreement to the contrary, and understands that unpaid accounts will be considered in default after thirty (30) days after the invoice due date. Thereafter, a default charge will be imposed at 1.5% per month on any unpaid balance (APR of 18%). CLIENT agrees to pay default charge and attorney's fees for cost of collection.

Reference ID: 3666877

Submitted By Associate : Theresa Houlberg1463997 6/30/2014 9:53:17 AM

Approved By Supervisor : George Jawlakian143923 6/30/2014 4:36:59 PM

Processed By : ajmartinez 6/30/2014 4:54:47 PM

Client Verification	
Company Name:	City of Los Angeles D.O.N.E.
Total Hours Worked (In Numbers):	Total Hours Worked (In Words):
I am an authorized representative of City of Los Angeles D.O.N.E. and certify that the employee(s) worked the hours indicated with services performed satisfactorily.	
Client Name and Title (PleasePrint)	City of Los Angeles D.O.N.E. I 002
Client Signature:	



Week Ending	0	6	2	8	1	4	Assignment Completed	Yes *	No
Saturday	Month	Day	Year	If yes, call your office.					

Employee name **Houlberg, Theresa**
(Print):

	Start Time		Finish time		Less Lunch		Total Reg		Total O.T.		Total Double		OT Approval
	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	
SUN													
MON													
TUE	10	0	14	0			4	0					
WED	10	0	20	0	3	0	7	0					
THUR	12	0	18	0			6	0					
FRI	12	0	18	0			6	0					
SAT													
Total Hours & Minutes Worked This Week							23	0	0	0	0	0	
Office Use Only: Hours & Minutes Converted to Nearest Minute													
Corporate Use Only:													

Social Security Number	*	*	*	*	*	8	8	2	1
I certify that these hours and dates are correct and have been approved by the client. I further certify that I suffered no injuries during this work period. I understand that when this assignment ends, I remain available for reassignment as an employee of AppleOne and it is my responsibility to contact the Company for reassignment. Provided that, a.) I have submitted this timecard for all hours worked in the previous week, b.) timecard is approved by Client and c.) it is received by the local branch by the prescribed deadline, I agree that as an hourly employee, I will be paid for my services on the Friday of the week following the week covered by this timecard even if my assignment ends prior to that date, unless (1) AppleOne notifies me that I am not available for reassignment and I have been discharged, or (2) I notify AppleOne that I have resigned and do not wish to be reassigned, in which event I will be paid within the time periods specified by applicable law of the state of my employment, if such law requires payment in advance of the next scheduled pay date. I agree for a period of six (6) months after completion of my current assignment with the client identified on this time card, that I will immediately notify AppleOne if I provide my services to this client as an employee or contractor or as an employee of any other temporary or outsourcing service. I CONFIRM I WAS ALLOWED TO TAKE MEAL/REST BREAKS IN ACCORDANCE TO STATE LAW IN THE STATE OF MY EMPLOYMENT. (IF DENIED ANY MEAL/REST BREAK, CONTACT (800) 270-9120 IMMEDIATELY TO REPORT VIOLATION.)									
Employee Signature								Date	
Dept. / Cost Center						Project			
Supervisor's Name							Supervisor's Phone #		
Box1				Box2					
Box3				Box4					
Office Use Only: Total Hours:									

City & State where services were performed City & State of Residence

I have read and agreed to the Condition of Service as follows except where a Condition is superseded by a contractual agreement with AppleOne (COMPANY):

- CLIENT will not entrust COMPANY employees with the care, custody or control of premises, custody or control of cash, negotiables, valuables or similar property. If computer work is involved, employees are not to be informed of any confidential access codes, or be permitted unsupervised access to confidential information, unless authorized in writing by COMPANY. COMPANY shall incur no liability, as a consequence of CLIENT having entrusted cash, negotiable securities or other items of value to any employee of COMPANY, except where CLIENT so acted with the prior written consent of COMPANY. CLIENT understands that criminal and drug screening services are available for an additional fee and must be agreed to in writing by both CLIENT and COMPANY. CLIENT or CLIENT's employees shall not pay COMPANY employees directly or advance any funds to them.
- COMPANY employees are not permitted to operate machinery or drive any motorized vehicle (including their personal vehicle), while working for CLIENT. These restrictions may be waived only if a waiver is obtained in writing from a COMPANY officer. COMPANY employees are not supervised by COMPANY; they are subject at all times to CLIENT's direct and indirect supervision. CLIENT agrees to defend, indemnify and hold harmless COMPANY from any claims for bodily injury including death, or property damage, arising out of the use or operation of CLIENT's owned, non-owned or leased vehicles, machinery or equipment by COMPANY employees.
- CLIENT agrees to comply with state and federal civil rights laws, and other employment-related laws, including meal/rest break periods per wage and hour laws and indemnify COMPANY from any claims as a result of any violation of such laws resulting from CLIENT's conduct.
- CLIENT agrees to comply with all laws and ordinances relating to work site health and safety, and agrees to provide employees of COMPANY a safe and healthful workplace. CLIENT agrees that it shall have in place at all times an ongoing safety program, in compliance with all laws and ordinances related to employees safety. CLIENT agrees to indemnify, defend and hold harmless COMPANY for claims, damages or penalties arising out of violations of the Occupational Safety and Health Act of 1970, or any similar state law with respect to workplaces owned, leased or supervised by CLIENT, and to which COMPANY employees are assigned.
- CLIENT understands COMPANY's employees are assigned to CLIENT to render temporary service and, absent agreement to the contrary, are not assigned to become employed by CLIENT. CLIENT acknowledges the considerable expense incurred by COMPANY to advertise, recruit, evaluate, train and quality control its employees. Accordingly, CLIENT will not without the written consent of COMPANY management, hire a COMPANY employee, interfere with the employment relationship between COMPANY and its employees, or directly or indirectly cause a COMPANY employee to transfer to another temporary help service. The COMPANY employee has been referred to CLIENT on a temporary basis while seeking direct hire employment through COMPANY. If CLIENT either directly or indirectly, such as through any company within CLIENT's control, solicits, or offers employment to, and/or hires this person as an employee or consultant or utilizes this person's services through another temporary or outsourcing service within six (6) months after termination of this person's temporary assignment with COMPANY at CLIENT, CLIENT agrees to pay COMPANY a conversion fee in accordance with the COMPANY's standard direct hire placement fee, stipulated at 1% per \$1,000 of the employee's annualized wage or salary, up to a maximum fee of 30%. (Example: For a \$21,000 annual salary the fee would be computed as follows: 1% x 21 (the # of \$1,000's in \$21,000) x \$21,000 = \$4,410 fee). CLIENT FULLY UNDERSTANDS THIS FEE CALCULATION AND WILL ASK COMPANY'S REPRESENTATIVE TO EXPLAIN IT IF UNSURE. CLIENT will not reassign or relocate a COMPANY employee without prior written approval of COMPANY. CLIENT agrees to assume all liability for any third party claim, arising after any reassignment/relocation without prior approval of COMPANY.
- This Agreement shall be governed by the laws of the State of California. Any legal matters concerning this Agreement, or the CLIENT's and COMPANY's rights or obligations pursuant hereto, shall be instituted at the Los Angeles County Superior Court or any other location at the discretion of the COMPANY. CLIENT waives any rights it may have to a change of venue. In the event that any party commences any legal or equitable action or other proceeding, the prevailing party shall be entitled to recover reasonable attorney's fees in addition to any other relief to which the party may be entitled.
- CLIENT agrees to NET UPON RECEIPT, in absence of a written agreement to the contrary, and understands that unpaid accounts will be considered in default after thirty (30) days after the invoice due date. Thereafter, a default charge will be imposed at 1.5% per month on any unpaid balance (APR of 18%). CLIENT agrees to pay default charge and attorney's fees for cost of collection.