PROPOSAL OF SERVICES

FEE AND PAYMENT SCHEDULE A

This rate schedule is attached to and made part of the Agreement for Services between PINNACLE and

_____, executed on

_____ at _____.

LABOR BURDEN OVERHEAD COST

FOR WORKERS COMPENSATION CODE __**9586**__, The Total Overhead Cost will be _____%.

FOR WORKERS COMPENSATION CODE _____, The Total Overhead Cost will be _____%.

FOR WORKERS COMPENSATION CODE _____, The Total Overhead Cost will be _____%.

The Labor Burden Overhead Cost is expressed as a percentage of wages (gross payroll) paid to an employee. This represents the Employer Cost over and above gross payroll.

The Labor Burden Overhead Cost includes these five components of employer cost:
- F.I.C.A (Social Security Tax and Medicare Tax)
- F.U.T.A (Federal Unemployment Tax)
- S.U.T.A (State Unemployment Tax)
- Workers' Compensation Insurance
- Administration Fee for Services (payroll, human resources support, workers compensation administration and employee benefits administration)

The cost of components of the Labor Burden Overhead Cost can change from year to year. Pinnacle uses a bundled pricing approach so that your total cost can remain as constant as possible even as Pinnacle's underlying costs may change. Under this annualized pricing formula, the client pays the same Labor Burden % all year.

DELIVERY CHARGE: $10.00 Per Location (for overnight delivery of paychecks)

PERSONAL GUARANTOR FOR SERVICES - SCHEDULE B

Agreement made this _____day of _____, 20 _____between_____

_____ ("Guarantor"), whose home address is _____

_____and Pinnacle.

In consideration of the promises of the parties contained in the above Agreement, Guarantor agrees that in the event Client has not fully complied with all requirements of the Agreement for Services including, but not limited to making all payments and indemnifications required pursuant to the Agreement for Services. Guarantor agrees that Guarantor will pay to Pinnacle such amounts not paid by Client and will guarantee compliance with requirements of the Agreement of Services.

IN WITNESS WHEREOF, the parties have executed this Agreement day and year first above written.

_____   _____
Witness Signature   **Date**   **Guarantor Signature**   **Date**

Pinnacle Initials_____   **Client Initials**_____