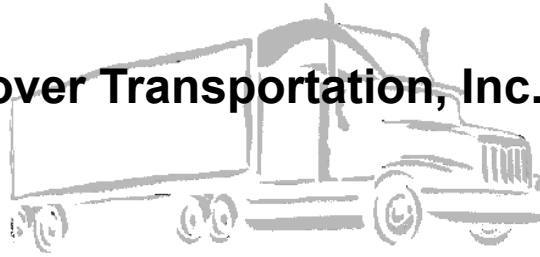


Stover Transportation, Inc.



Employee Pay Statement

I understand the rate of pay I shall receive is \$_____ per day, \$_____ per week for 5 days worked per week. Deductions shall be deducted in accordance to all I.R.S. laws and all court ordered garnishments. Any other deductions shall be agreed to or viable deductions as deemed my responsibility. These could be excessive phone charges, special company functions and/or various other charges. I understand that should I resign my position with Stover Transportation, Inc or any subsidiary or my employment or lease be terminated for any reason, I agree to return all properties to the company prior to the release of my final check and participate in an exiting interview. I further understand and agree that should my employment with Stover Transportation, Inc. or any subsidiary be less that six (6) months, the cost of the pre employment drug test and DOT physical will be deducted from my final pay.

While working for/with Stover Transportation, Inc. or any subsidiary I,
_____, agree to obey all federal, state and local laws and regulations and all company policies. By signing this form I hereby acknowledge and agree that I am of sane and competent mind therefore, I am able to fully understand all federal, state, local and company (Stover Transportation, Inc) Payroll Policies.

[Signature of Employee]

[Date]

[Signature of Office Staff]

[Date]