

B10 (Official Form 10) (04/13)		D1.1. 05		American Lega	Claime	OOF OF	CY A YN	1
United States Bankruptc	y Court	District of De		morioan Lege	. Oranjek (CLAIN	1
Name of Debtor:			Case Number:				20	
SANTA FE GOLD CORPORATION	NC		15-11761 (N	/IFW)		DIS B	000	
						25		
						목禁음	1	gazarer-f*
NOTE: Do not use this form to make a cl may file a request for paym	aim for an administrative	ve expense that arises of	after the bankrup	otcy filing. You		955	w	-
May file a request for paym Name of Creditor (the person or other enti	ty to whom the debtor o	wes money or property	·):			西公菜		
ACCOUNTEMPS OF ROBERT	HALF	In re: SA		OLD CORP	(COURT USE	ONLY	
Name and address where notices should be	e sent:		No: 15-1			nis box if this	claim ame	nds a
ATTN: KAREN LIMA			IM 6100		previously	filed claim.	Marketon or	*
PO BOX 5024 SAN RAMON, CA 94583		CLA	TH OTOE	702		m Number:_		
	email: KADENII	MA@ROBERTHA	LE COM		(If knowr			
Telephone number: (925) 913-2511	NAKEN.LI	MACHINERINA						
Name and address where payment should	be sent (if different from	n above):			Check the	his box if you has filed a pr	are aware	that im
					relating to	this claim. At	tach copy	of
					statement g	giving particula	агѕ.	
Telephone number:	email:							
Amount of Claim as of Date Case Fi	led: \$	16.3	348.59					
		7.010						
If all or part of the claim is secured, comp	lete item 4.							
If all or part of the claim is entitled to price	ority, complete item 5.							
Check this box if the claim includes int	erest or other charges in	addition to the princip	oal amount of the	e claim. Attach a	statement tha	at itemizes inte	erest or ch	arges.
2. Basis for Claim: SERVICES PE (See instruction #2)	IN ONWILD	***						1
. ,								
3. Last four digits of any number	3a. Debtor may have	scheduled account as	s: 3b. Unifor	rm Claim Identifi	er (optional):		
by which creditor identifies debtor:								
02800-101534000	(See instruction #3a)		Amount o	uction #3b) of arrearage and o	ther charge	s, as of the ti	me case w	as filed,
4. Secured Claim (See instruction #4)			included i	in secured claim,	if any:			
Check the appropriate box if the claim is setoff, attach required redacted document	secured by a lien on pro	operty or a right of ested information.			\$		_	
			Rasis for	perfection:				60
Nature of property or right of setoff: Describe:	JReal Estate □ Moto	r venicie ill'Other	Dasis IVI	Per receion.				10
			Amount o	of Secured Claim	S			
Value of Property: \$	-				e			
Annual Interest Rate % ☐ Fixe (when case was filed)	ed or □Variable		Amount l	Unsecured:	a		1963	
						i		
5. Amount of Claim Entitled to Priori	ty under 11 U.S.C. § 5	07 (a). If any part of	the claim falls i	nto one of the fol	lowing categ	gories, check t	the box sp	ecifying
the priority and state the amount.								
☐ Domestic support obligations under 1	1 □ Wages, salari	es, or commissions (up	to \$12,475*)	☐ Contribution				
U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	earned within 180 debtor's business	days before the case veceased, whichever is e	arlier –	11 U.S.C. § 5		A 4 : - :	4141ad 4a -	month.
	11 U.S.C. § 507 (Amount en	uned to p	TIOTITY:
☐ Up to \$2,775* of deposits toward	☐ Taxes or pena	Ities owed to governme	ental units —	☐ Other – Sp		\$		
purchase, lease, or rental of property or	11 U.S.C. § 507 ((a)(8).		applicable pa				
services for personal, family, or househouse – 11 U.S.C. § 507 (a)(7).	old			11 0.0.0. 80	√ / (M/().			
*Amounts are subject to adjustment on	4/01/16 and every 3 year	rs thereafter with respe	ect to cases com	menced on or after	the date of c	adjustment.		
6. Credits. The amount of all payment	- a- this alsim has been	credited for the purpos	se of making thi	s proof of claim (See instruction	on #6)		
6. Credits. The amount of all payment	s on this claim has been	creation for the burbos	PA OF HIRWING HII	- proof of viainis (

B10 (Official Form 10) (04/13) 7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: 8. Signature: (See instruction #8) Check the appropriate box. I am the creditor's authorized agent. ☐ I am the creditor. I am the trustee, or the debtor, I am a guarantor, surety, indorser, or other codebtor, or their authorized agent. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. KAREN LIMA Print Name: RECOVERY MANAGER

Telephone number: (925) 913-2511 email: KAREN.LIMA@ROBERTHALF.COM

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

(Signature)

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Company: ROBERT HALF INTERNATIONAL
Address and telephone number (if different from notice address above):

Creditor's Name and Address:

Title: Company:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a). If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

PeopleSoft Receivables

Page No. 1

Run Date 06/25/2014

Run Time 16:22:35

AGING DETAIL BY BUSINESS UNIT as of 30-JUN-2014

Currency Base Currency Rate Type:

Report ID: AR30003

Aging Id: MAIN /

Item	Employee Name	Line As Of	Ent '	Typ/Rsn Cur	Amount		Other
TATUS	02800-101534	000 SANTA FE	בחד.ם כחו	MOTTAGOG	ALBUQUERQUE	NM	
11100	02000-101334	OUU SANIA PE C	OLD CO.	REGIRATION	ADBOQUERQUE	14171	
39431449	Reyes,Gloria y	1 12/24/2013	EXDR	REG USD	1,153.11		1,153.11
39472640	Reyes, Gloria y	1 12/31/2013	EXDR	REG USD	1,368.32		1,368.32
39548206	Reyes, Gloria y	1 01/13/2014	EXDR	REG USD	1,101.79		1,101.79
39594038	Reyes, Gloria y	1 01/20/2014	EXDR	REG USD	1,368.32		1,368.32
39639454	Reyes,Gloria y	1 01/27/2014	EXDR	REG USD	1,368.32		1,368.32
39699827	Reyes, Gloria y	1 02/04/2014	EXDR	REG USD	1,368.32		1,368.32
39746999	Reyes, Gloria y	1 02/11/2014	EXDR	REG USD	1,368.32		1,368.32
39792555	Reyes, Gloria y	1 02/18/2014	EXDR	REG USD	1,368.32		1,368.32
39829512	Reyes, Gloria y	1 02/24/2014	EXDR	REG USD	1,368.32		1,368.32
39889744	Reyes, Gloria y	1 03/04/2014	EXDR	REG USD	1,368.32		1,368.32
39926849	Reyes, Gloria y	1 03/10/2014	EXDR	REG USD	1,368.32		1,368.32
39974588	Reyes, Gloria y	1 03/17/2014	EXDR	REG USD	1,368.32		1,368.32
40020380	Reyes,Gloria y	1 03/24/2014	EXDR	REG USD	410.49		410.49
	Total SANTA	FE GOLD CORPORA	TON		16,348.59		16,348.59
	TOCAL BANIA	THE GODD CORPORE	111014		10,540.55		10,540.55
				18.5			
Tota	al TATUS				16,348.59		16,348.59
				122			

PeopleSoft Receivables AGING DETAIL BY BUSINESS UNIT as of 30-JUN-2014

Page No. 2

Run Date 06/25/2014

Run Time 16:22:36

Report ID: AR30003 Aging Id: MAIN /

Currency Base Currency

Rate Type:

Item Employee Name Line As Of Ent Typ/Rsn Cur Amount Other

GRAND TOTAL 16,348.59 16,348.59



Week Ending Date: 12/20/13 Online Timesheet

Employee ID	Name (Last, First Middle)	
1002809822	Reyes, Gloria y	

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	In	Out	In	Out	In	Out	Total
Sat	12/14/13							
Sun	12/15/13							
Mon	12/16/13	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Tue	12/17/13	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	12/18/13	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Thu	12/19/13	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Fri	12/20/13	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00

Total Weekly Hours: 40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 12/20/13 12:26:17 PM PST

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 12/23/13 7:19:46 AM PST



Week Ending Date: 12/27/13 Online Timesheet

Employee ID	Name (Last, First Middle)				
1002809822	Reyes, Gloria y				

Job Order Number	Client Company Name	Report To	
02800-114814	Santa Fe Gold Corporation	Martinez, Michael	

Day	Date	In	Out	ln	Out	In	Out	Total
Sat	12/21/13							
Sun	12/22/13							
Mon	12/23/13	8:00 AM	6:00 PM					10.00
Tue	12/24/13	8:00 AM	6:00 PM					10.00
Wed	12/25/13							
Thu	12/26/13	8:00 AM	6:00 PM					10.00
Fri	12/27/13	8:00 AM	6:00 PM					10.00

Total Weekly Hours: 40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 12/27/13 8:48:19 AM PST

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 12/30/13 8:18:31 AM PST

by BRAWRI02



Week Ending Date: 1/3/14

Online Timesheet

Employee ID	Name (Last, First Middle)					
1002809822	Reyes, Gloria y					

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	In	Out	In	Out	In	Out	Total
Sat	12/28/13							
Sun	12/29/13							
Mon	12/30/13	8:00 AM	6:00 PM					10.00
Tue	12/31/13	8:00 AM	6:00 PM					10.00
Wed	1/1/14			- Wall				
Thu	1/2/14	8:00 AM	6:00 PM					10.00
Fri	1/3/14	8:00 AM	6:00 PM					10.00

Total Weekly Hours: 40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 1/3/14 2:12:56 PM PST

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 1/6/14 7:29:00 AM PST



Week Ending Date: 1/10/14

Online Timesheet

Employee ID	Name (Last, First Middle)	
1002809822	Reyes, Gloria y	

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	In	Out	In	Out	ln	Out	Total
Sat	1/4/14							
Sun	1/5/14							
Mon	1/6/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Tue	1/7/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	1/8/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Thu	1/9/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Fri	1/10/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00

Total Weekly Hours: 40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 1/10/14 1:52:35 PM PST

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 1/10/14 3:29:26 PM PST



Week Ending Date: 1/17/14 Online Timesheet

Employee ID	Name (Last, First Middle)	
1002809822	Reyes, Gloria y	,

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	In	Out	In	Out	In	Out	Total
Sat	1/11/14							
Sun	1/12/14							
Mon	1/13/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Tue	1/14/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	1/15/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Thu	1/16/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Fri	1/17/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00

Total Weekly Hours:

40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 1/17/14 1:46:30 PM PST

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 1/17/14 4:08:09 PM PST



Week Ending Date: 1/24/14

Online Timesheet

Employee ID	Name (Last, First Middle)	
1002809822	Reyes, Gloria y	

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	In	Out	In	Out	In	Out	Total
Sat	1/18/14							
Sun	1/19/14							
Mon	1/20/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Tue	1/21/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	1/22/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Thu	1/23/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Fri	1/24/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00

Total Weekly Hours: 40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 1/24/14 2:23:09 PM PST

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 1/25/14 8:48:05 AM PST



Week Ending Date: 1/31/14 Online Timesheet

Employee ID	Name (Last, First Middle)	
1002809822	Reyes, Gloria y	

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	In	Out	In	Out	In	Out	Total
Sat	1/25/14							
Sun	1/26/14							
Mon	1/27/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Tue	1/28/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	1/29/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Thu	1/30/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Fri	1/31/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00

Total Weekly Hours: 40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 1/31/14 1:06:13 PM PST

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 2/3/14 7:45:05 AM PST



Week Ending Date: 2/7/14

Online Timesheet

Employee ID	Name (Last, First Middle)	
1002809822	Reyes, Gloria y	

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	In	Out	ln	Out	In	Out	Total
Sat	2/1/14							
Sun	2/2/14							
Mon	2/3/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Tue	2/4/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	2/5/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Thu	2/6/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM	100		8.00
Fri	2/7/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00

Total Weekly Hours: 40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 2/7/14 10:44:47 AM PST

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 2/10/14 6:31:45 AM PST



Week Ending Date: 2/14/14

Online Timesheet

Employee ID	Name (Last, First Middle)	
1002809822	Reyes, Gloria y	

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	In	Out	In	Out	In	Out	Total
Sat	2/8/14							
Sun	2/9/14							
Mon	2/10/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Tue	2/11/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	2/12/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Thu	2/13/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Fri	2/14/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00

Total Weekly Hours:

40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 2/14/14 1:33:34 PM PST

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 2/17/14 7:34:23 AM PST



Week Ending Date: 2/21/14

Online Timesheet

Employee ID	Name (Last, First Middle)	
1002809822	Reyes, Gloria y	

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	ln	Out	In	Out	In	Out	Total
Sat	2/15/14							
Sun	2/16/14							
Mon	2/17/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Tue	2/18/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	2/19/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Thu	2/20/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Fri	2/21/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00

Total Weekly Hours:

40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 2/21/14 3:09:56 PM PST

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 2/21/14 3:41:30 PM PST



Week Ending Date: 2/28/14

Online Timesheet

Employee ID	Name (Last, First Middle)	
1002809822	Reyes, Gloria y	

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	In	Out	ln	Out	In	Out	Total
Sat	2/22/14							
Sun	2/23/14							
Mon	2/24/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Tue	2/25/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	2/26/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Thu	2/27/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Fri	2/28/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00

Total Weekly Hours:

40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 2/28/14 11:33:52 AM PST

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 3/3/14 8:17:18 AM PST



Week Ending Date: 3/7/14

Online Timesheet

Employee ID	Name (Last, First Middle)	
1002809822	Reyes, Gloria y	

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	In	Out	In	Out	In	Out	Total
Sat	3/1/14							
Sun	3/2/14							
Mon	3/3/14	8:00 AM	6:00 PM					10.00
Tue	3/4/14	8:00 AM	6:00 PM					10.00
Wed	3/5/14	8:00 AM	6:00 PM					10.00
Thu	3/6/14	8:00 AM	6:00 PM					10.00
Fri	3/7/14							

Total Weekly Hours: 40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 3/6/14 12:05:55 PM PST

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 3/7/14 1:27:41 PM PST



Week Ending Date: 3/14/14 Online Timesheet

Employee ID	Name (Last, First Middle)	
1002809822	Reyes, Gloria y	,

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	In	Out	ln	Out	In	Out	Total
Sat	3/8/14							
Sun	3/9/14							
Mon	3/10/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Tue	3/11/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	3/12/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Thu	3/13/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Fri	3/14/14	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00

Total Weekly Hours: 40.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 3/14/14 1:09:30 PM PDT

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 3/14/14 3:09:29 PM PDT



(Week Ending Date: 3/21/14	Online Timesheet
----------------------------	------------------

Employee ID	Name (Last, First Middle)	
1002809822	Reyes, Gloria y	

Job Order Number	Client Company Name	Report To
02800-114814	Santa Fe Gold Corporation	Martinez, Michael

Day	Date	In	Out	In	Out	In	Out	Total
Sat	3/15/14							
Sun	3/16/14							
Mon	3/17/14							
Tue	3/18/14							
Wed	3/19/14	8:00 AM	5:00 PM					9.00
Thu	3/20/14	8:00 AM	11:00 AM					3.00
Fri	3/21/14							

Total Weekly Hours: 12.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 3/20/14 9:30:44 AM PDT

by Gloria y Reyes

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 3/21/14 12:41:32 PM PDT



Invoice Date:

.

Invoice Number:

12/24/2013 39431449

Customer Number: Fed Tax ID: 02800-101534000 94-1648752

Labor Invoice - DUE UPON RECEIPT

Please Remit To:

Accountemps P.O. BOX 743295

Los Angeles CA 90074-3295

Personal & Confidential

Michael Martinez
SANTA FE GOLD CORPORATION
SUITE 600
6100 UPTOWN BLVD NE
ALBUQUERQUE NM 87110

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Reyes, Gloria y	12/20/2013	Martinez,Michael	40.00	HRS REG	\$ 31.97	\$ 1,278.80 Tx
	Subtotal for Week-Ended:	12/20/2013		40.00	HRS		\$ 1,278.80

Invoice Subtotal:	\$ 1,278.80
Total Taxes:	\$ 89.52
TOTAL AMOUNT DUE:	\$ 1,368.32

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Customer	Invoice	Total
Number	Number	Amount
02800-101534000	39431449	\$ 1.368.32



Invoice Date:

1

Invoice Number:

12/31/2013 39472640

Customer Number:

02800-101534000

Fed Tax ID:

94-1648752

Labor Invoice – DUE UPON RECEIPT

Please Remit To:

Accountemps P.O. BOX 743295

Los Angeles CA 90074-3295

Personal & Confidential

Michael Martinez
SANTA FE GOLD CORPORATION
SUITE 600
6100 UPTOWN BLVD NE
ALBUQUERQUE NM 87110

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	11000	Amount
1	Reyes,Gloria y	12/27/2013	Martinez,Michael	40.00	HRS REG	\$ 31.97	\$	1,278.80 Tx
	Subtotal for Week-Ended:	12/27/2013		40.00	HRS		\$	1,278.80

Invoice Subtotal:	\$ 1,278.80
Total Taxes:	\$ 89.52
TOTAL AMOUNT DUE:	\$ 1,368.32

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Customer	Invoice	Total
Number	Number	Amount
02800-101534000	39472640	\$ 1,368,32



. . . _

1

Invoice Date: Invoice Number: 01/13/2014 39548206

Customer Number:

02800-101534000

Fed Tax ID:

94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
Michael Martinez
SANTA FE GOLD CORPORATION
SUITE 600
6100 UPTOWN BLVD NE

ALBUQUERQUE NM 87110

Please Remit To: Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Reyes,Gloria y	01/10/2014	Martinez, Michael	40.00	HRS REG	\$ 31.97	\$ 1,278.80 Tx
	Subtotal for Week-Ended:	01/10/2014		40.00	HRS		\$ 1,278.80

Invoice Subtotal:	\$ 1,278.80
Total Taxes:	\$ 89.52
TOTAL AMOUNT DUE:	\$ 1,368.32

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call: (800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Customer	Invoice	Total Amount			
Number	Number				
02800-101534000	39548206	\$ 1,368.32			



Invoice Date: Invoice Number: 01/20/2014

Customer Number:

39594038 02800-101534000

Fed Tax ID:

94-1648752

Labor Invoice - DUE UPON RECEIPT

Please Remit To:

Accountemps P.O. BOX 743295

Los Angeles CA 90074-3295

Personal & Confidential

Michael Martinez SANTA FE GOLD CORPORATION SUITE 600 6100 UPTOWN BLVD NE ALBUQUERQUE NM 87110

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Reyes,Gloria y	01/17/2014	Martinez,Michael	40.00	HRS REG	\$ 31.97	\$ 1,278.80 Tx
	Subtotal for Week-Ended:	01/17/2014		40.00	HRS		\$ 1,278.80

Invoice Subtotal:	\$ 1,278.80
Total Taxes:	\$ 89.52
TOTAL AMOUNT DUE:	\$ 1,368.32

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Customer	Invoice	Total
Number	Number	Amount
02800-101534000	39594038	\$ 1,368.32



Invoice Date:

.

Invoice Number:

01/27/2014 39639454

Customer Number:

02800-101534000

Fed Tax ID:

94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
Michael Martinez
SANTA FE GOLD CORPORATION
SUITE 600
6100 UPTOWN BLVD NE
ALBUQUERQUE NM 87110

Please Remit To: Accountemps P.O. BOX 743295

Los Angeles CA 90074-3295

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Reyes,Gloria y	01/24/2014	Martinez,Michael	40.00	HRS REG	\$ 31.97	\$ 1,278.80 Tx
	Subtotal for Week-Ended:	01/24/2014		40.00	HRS		\$ 1,278.80

Invoice Subtotal:	\$ 1,278.80
Total Taxes:	\$ 89.52
TOTAL AMOUNT DUE:	\$ 1,368.32

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email:

For qualified temporary accounting and finance professionals please call:

(800) 356-1994 / inquiries.srm@roberthalf.com

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Customer	Invoice	Total
Number	Number	Amount
02800-101534000	39639454	\$ 1,368.32



Invoice Date: Invoice Number: 02/04/2014 39699827

Customer Number:

02800-101534000

Fed Tax ID:

94-1648752

Labor Invoice - DUE UPON RECEIPT

Please Remit To:

Accountemps P.O. BOX 743295

Los Angeles CA 90074-3295

Personal & Confidential

Michael Martinez SANTA FE GOLD CORPORATION SUITE 600 6100 UPTOWN BLVD NE ALBUQUERQUE NM 87110

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Reyes,Gloria y	01/31/2014	Martinez,Michael	40.00	HRS REG	\$ 31.97	\$ 1,278.80 Tx
	Subtotal for Week-Ended:	01/31/2014		40.00	HRS		\$ 1,278.80

Invoice Subtotal:	\$ 1,278.80
Total Taxes:	\$ 89.52
TOTAL AMOUNT DUE:	\$ 1,368.32

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Customer	Invoice	Total
Number	Number	Amount
02800-101534000	39699827	\$ 1,368.32



Invoice Date:

02/11/2014

Invoice Number:

39746999

Customer Number:

02800-101534000

Fed Tax ID:

94-1648752

Personal & Confidential

Michael Martinez
SANTA FE GOLD CORPORATION
SUITE 600
6100 UPTOWN BLVD NE
ALBUQUERQUE NM 87110

Please Remit To:

Accountemps P.O. BOX 743295

Los Angeles CA 90074-3295

Labor Invoice - DUE UPON RECEIPT

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Reyes,Gloria y	02/07/2014	Martinez,Michael	40.00	HRS REG	\$ 31.97	\$ 1,278.80 Tx
	Subtotal for Week-Ended:	02/07/2014		40.00	HRS		\$ 1,278.80

Invoice Subtotal:	\$ 1,278.80
Total Taxes:	\$ 89.52
TOTAL AMOUNT DUE:	\$ 1,368.32

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

	Customer	Invoice	Total
	Number	Number	Amount
1	02800-101534000	39746999	\$ 1,368,32



. . . _

Invoice Date: Invoice Number: 02/18/2014 39792555

Customer Number:

02800-101534000

Fed Tax ID:

94-1648752

Labor Invoice - DUE UPON RECEIPT

Please Remit To:

Accountemps P.O. BOX 743295

Los Angeles CA 90074-3295

Personal & Confidential

Michael Martinez
SANTA FE GOLD CORPORATION
SUITE 600
6100 UPTOWN BLVD NE
ALBUQUERQUE NM 87110

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Reyes,Gloria y	02/14/2014	Martinez,Michael	40.00	HRS REG	\$ 31.97	\$ 1,278.80 Tx
	Subtotal for Week-Ended:	02/14/2014		40.00	HRS		\$ 1,278.80

 Invoice Subtotal:
 \$ 1,278.80

 Total Taxes:
 \$ 89.52

 TOTAL AMOUNT DUE:
 \$ 1,368.32

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Customer	Invoice	Total
Number	Number	Amount
02800-101534000	39792555	\$ 1,368,32



Invoice Date:

02/24/2014

Invoice Number:

39829512

Customer Number:

02800-101534000

Fed Tax ID:

94-1648752

Labor Invoice - DUE UPON RECEIPT

Please Remit To:

Accountemps

P.O. BOX 743295

Los Angeles CA 90074-3295

Personal & Confidential

Michael Martinez
SANTA FE GOLD CORPORATION
SUITE 600
6100 UPTOWN BLVD NE
ALBUQUERQUE NM 87110

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Reyes,Gloria y	02/21/2014	Martinez,Michael	40.00	HRS REG	\$ 31.97	\$ 1,278.80 Tx
	Subtotal for Week-Ended:	02/21/2014		40.00	HRS		\$ 1,278.80

Invoice Subtotal:	\$ 1,278.80
Total Taxes:	\$ 89.52
TOTAL AMOUNT DUE:	\$ 1,368.32

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Customer		Invoice	Total
Number		Number	Amount
02800-101534	000	39829512	\$ 1,368.32



Invoice Date:

03/04/2014

Invoice Number:

39889744

Customer Number: Fed Tax ID:

02800-101534000 94-1648752

Labor Invoice - DUE UPON RECEIPT

Please Remit To:

Accountemps P.O. BOX 743295

Los Angeles CA 90074-3295

Personal & Confidential

Michael Martinez SANTA FE GOLD CORPORATION SUITE 600 6100 UPTOWN BLVD NE ALBUQUERQUE NM 87110

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Reyes,Gloria y	02/28/2014	Martinez,Michael	40.00	HRS REG	\$ 31.97	\$ 1,278.80 Tx
	Subtotal for Week-Ended:	02/28/2014		40.00	HRS		\$ 1,278.80

Invoice Subtotal:	\$ 1,278.80
Total Taxes:	\$ 89.52
TOTAL AMOUNT DUE:	\$ 1,368.32

We provide more timely and accurate Information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Customer	Invoice	Total
Number	Number	Amount
02800-101534000	39889744	\$ 1.368.32



Invoice Date:

03/10/2014

Invoice Number:

39926849

Customer Number: Fed Tax ID: 02800-101534000 94-1648752

Labor Invoice - DUE UPON RECEIPT

Please Remit To:

Accountemps P.O. BOX 743295

Los Angeles CA 90074-3295

Personal & Confidential

Michael Martinez
SANTA FE GOLD CORPORATION
SUITE 600
6100 UPTOWN BLVD NE
ALBUQUERQUE NM 87110

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Reyes,Gloria y	03/07/2014	Martinez,Michael	40.00	HRS REG	\$ 31.97	\$ 1,278.80 Tx
	Subtotal for Week-Ended:	03/07/2014		40.00	HRS		\$ 1,278.80

Invoice Subtotal:	\$ 1,278.80
Total Taxes:	\$ 89.52
TOTAL AMOUNT DUE:	\$ 1,368.32

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Customer	Invoice	Total
Number	Number	Amount
02800-101534000	39926849	\$ 1,368.32



Personal & Confidential

6100 UPTOWN BLVD NE ALBUQUERQUE NM 87110

SANTA FE GOLD CORPORATION

Michael Martinez

SUITE 600

Page:

Invoice Date:

Invoice Number:

03/17/2014 39974588

Customer Number:

02800-101534000

Fed Tax ID:

94-1648752

Labor Invoice - DUE UPON RECEIPT

Please Remit To:

Accountemps P.O. BOX 743295

Los Angeles CA 90074-3295

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Reyes,Gloria y	03/14/2014	Martinez,Michael	40.00	HRS REG	\$ 31.97	\$ 1,278.80 Tx
	Subtotal for Week-Ended:	03/14/2014		40.00	HRS		\$ 1,278.80

Invoice Subtotal:	\$ 1,278.80
Total Taxes:	\$ 89.52
TOTAL AMOUNT DUE:	\$ 1,368.32

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Customer	Invoice	Total
Number	Number	Amount
02800-101534000	39974588	\$ 1,368.32



Labor Invoice - DUE UPON RECEIPT

Invoice Date:

03/24/2014

Invoice Number: Customer Number: 40020380 02800-101534000

Fed Tax ID:

94-1648752

Personal & Confidential

Michael Martinez
SANTA FE GOLD CORPORATION
SUITE 600
6100 UPTOWN BLVD NE
ALBUQUERQUE NM 87110

Please Remit To:

Accountemps P.O. BOX 743295

Los Angeles CA 90074-3295

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	1	Amount
1	Reyes,Gloria y	03/21/2014	Martinez,Michael	12.00	HRS REG	\$ 31.97	\$	383.64 Tx
	Subtotal for Week-Ended:	03/21/2014		12.00	HRS		\$	383.64

Invoice Subtotal:	\$ 383.64
Total Taxes:	\$ 26.85
TOTAL AMOUNT DUE:	\$ 410.49

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email: (800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:

(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps P.O. BOX 743295 Los Angeles CA 90074-3295

Customer	Invoice	Total
Number	Number	Amount
02800-101534000	40020380	\$ 410.49



August 7, 2013

Personal & Confidential MICHAEL MARTINEZ SANTA FE GOLD CORPORATION 6100 UPTOWN BLVD NE STE 600 ALBUQUERQUE, NM 87110-5185

Job Order Number: 02800-114814

Dear Michael,

Thank you for selecting Accountemps to meet your staffing needs. Gloria Reyes is scheduled to start with Santa Fe Gold Corporation as a Payroll Administrator on 08-07-2013. As agreed, we will invoice your firm at the rate of \$31.97 per hour. If applicable, overtime will be billed at 1.50 times such rate. Please find the enclosed General Conditions of Assignment and Terms of Payment for your review.

Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby will indicate you have read and agree to the Accountemps General Conditions of Assignment and Terms of Payment.

Accountemps, a Robert Half Company, is the world's first and largest specialized financial temporary staffing firm for accounting and financial professionals. We provide professionals on a temporary, temporary-to-hire and salaried basis. We are a division of Robert Half International, the world's leader in specialized consulting and staffing services since 1948.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

Accountemps 6501 Americas Pkwy NE Suite 675 Albuquerque, NM 87110 (800) 803-8367

GENERAL CONDITIONS OF ASSIGNMENT

Thank you for your confidence in *Accountemps*. Our professional is assigned to you under the following General Conditions of Assignment and the enclosed Terms of Payment.

Scope of Background Inquiries

We usually check references by asking specific questions to select past employers with regard to qualifications and work history. These types of checks are generally done the first time we place that individual on an assignment. We do not recheck references after this initial placement process has been completed. There are substantial legal restrictions on the use and communication of various types of personnel-related information. We have not screened for drug use, administered a medical exam, conducted a criminal background check, or engaged in any verification process other than these reference checks. You should conduct such additional or more recent reference inquiries of past employers or verify such other items as you deem appropriate for the position. If you would like to obtain further background information about the professional, we would be glad to refer you to third party agencies who have agreed to perform additional background checks for our clients at a competitive price. If you choose to directly employ one of our professionals, we are willing to provide you with the results of any reference checks that we have performed, to the extent permitted by law.

Client's Responsibility

Supervision of our professional's work is your responsibility. Our professional is only authorized to perform work within the scope of the assignment.

Since Accountemps is not a professional accounting firm, it is expressly understood that our professionals are not authorized to render an opinion on behalf of Accountemps or on your behalf on financial statements, nor are our professionals authorized to sign the name of Accountemps on any document or to sign their own names on financial statements or tax returns.

It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company and we shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures.

Under no circumstances will you permit our professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables. It is understood that you have full responsibility for providing safe working conditions, as required by law, including ensuring that safety plans exist for and safety related training is provided to our professional working on your premises. If this assignment is for work to be performed under a government contract or subcontract, you will notify us immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if we are legally required to initiate E-Verify verification procedures for our professional assigned to you.

It is understood that we will not authorize our professional to operate machinery (other than office machines) or automotive equipment. It is agreed that you accept full responsibility for, and that we do not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing.

It is understood that you are responsible for reporting any claim to us in writing during or within ninety (90) days after the assignment. Under no circumstance will *Accountemps* be responsible for any claim related to work performed unless you have reported such claim in writing to us within ninety (90) days after termination of the assignment.

Confidentiality

Our professional will agree to execute any confidentiality agreement you may require. You are responsible for obtaining our professional's signature.

You agree to hold in confidence the social security number and other legally protected personal information of our professional and to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.

Employment Taxes and Withholdings

Accountemps will handle, to the extent applicable, any workers' compensation insurance, federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance or other payroll charges.

No Contrary Agreements

Insurance

In addition to workers' compensation insurance, we also maintain commercial liability insurance and employer's liability insurance.

These General Conditions of Assignment contain the complete and final agreement on the topics they address, and they supersede any prior agreements or understandings on these topics. Our professionals do not have authority either to verbally modify these General Conditions of Assignment or to assume additional responsibilities other than those set forth in these General Conditions of Assignment.

Job Order: 02800-114814 Date: 08-07-2013

TERMS OF PAYMENT

Thank you for your confidence in *Accountemps*. Our professional for the assignment of a Payroll Administrator is Gloria Reyes. The assignment will start on 08-07-2013. As verbally agreed or otherwise communicated, we will invoice your firm at the rate of \$31.97 per hour. Should you wish to use our professional for other assignments, please feel free to do so. The hourly billing rate may then change to reflect the experience necessary to complete the assignment. Call *Accountemps* for any changes in the assignment. We request a minimum thirty (30) days notice prior to ending any assignment.

Our professional is assigned to you under the following Terms of Payment:

Guarantee	Accountemps guarantees your satisfaction with our professional's services by extending to you a one-day (8 hours) guarantee period. If, for any reason, you are dissatisfied with the professional assigned to you, Accountemps will not charge for the first eight hours worked, provided that Accountemps replaces the individual assigned. Unless you contact us before the end of the first eight hours guarantee period, you agree that our professional assigned is satisfactory.
Time Sheet	Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby indicates your acknowledgement of the General Conditions of Assignment and these Terms of Payment. Our compensation to our assigned professional is on a weekly basis, and you will be billed weekly for the total hours worked, including time spent completing, revising, and/or resubmitting a time sheet or electronic time record during business hours, and we ask that you respect those guidelines. Because <i>Accountemps</i> invoices reflect payroll we have already paid, our invoices are due upon receipt. Applicable sales and service taxes shall be added to these invoices. In the event that you fail to pay the invoice when due, you agree to pay all of our costs of collection, including reasonable attorneys' fees, whether or not legal action is initiated. Additionally, we may, at our option, charge interest on any overdue amounts at a rate of the lesser of 1 1/2% per month or the highest rate allowed by applicable law from the date the amount first became due.
Overtime	If applicable, overtime will be billed at 1.50 times the normal billing rate. Federal law defines overtime as hours in excess of 40 hours per week, state laws vary. If state law requires double time pay, the double time hours will be billed at 2.00 times the normal billing rate.
Hiring the Person Referred to You	After you evaluate the performance and potential of our professional on the job, you may wish to employ this person directly. Our professionals represent our inventory of skilled employees and in the event you wish them converted to your employ or another employer to whom you refer them, you agree to pay a conversion fee. The conversion fee is payable if you hire our professional assigned to you, regardless of the employment classification, on either a full-time, temporary (including temporary assignments through another agency) or consulting basis within twelve months after the last day of the assignment. You also agree to pay a conversion fee if our professional assigned to you is hired by (i) a subsidiary or other related company or business as a result of your referral of our professional to that company or (ii) one of your customers as a result of our professional providing services to that customer.
	The conversion fee will equal 35% of the professional's aggregate annual compensation, including bonuses.
	The conversion fee, plus an administrative fee, will be owed and invoiced upon your hiring of our professional, and payment is due upon receipt of this invoice. The same calculation will be used if you convert our professional on a part-time basis using the full-time equivalent salary.
General Conditions	Accountemps may increase our rates provided under the Terms of Payment to reflect increases in our own costs of doing business, including costs associated with higher wages for workers and/or related tax, benefit and other costs. We will provide written or verbal notice of the increase in our rates. Any increase in our rates will be prospective, starting as of the effective date Accountemps specifies.
	Our professional is also assigned to you under the General Conditions of Assignment, a copy of which has been provided.
	Job Order: 02800-114814 Date: 08-07-2013