

The parties to this agreement represent to the Bureau of Workers' Compensation that there is possibility of conflict with respect to the application of the Workers' Compensation Laws because the contract of employment is entered into and all or some portion of the work is, or is to be, performed in different states, which states appear below opposite the employee's names.

Therefore, in view of the foregoing and pursuant to the provisions of R.C., Section 4123.54, the employer and said employees mutually agree to be bound by the Workers' Compensation Law of the State of Ohio; and it is mutually agreed that the employees shall be entitled to compensation benefits regardless of where the injury occurred or where the disease was contracted, and the rights of the employee(s) and his, her, or their dependents under the laws of the State of Ohio shall be the exclusive remedy against the employer on account of injury, disease or death in the course of and arising out of employment.

It is mutually agreed that this agreement shall remain in full force and effect until terminated or modified by agreement of the parties similarly filed as in this agreement.

The employees of Falcon Enterprises, Inc., hereunto affix their signatures together with their residences, date of signing and place of signing and the name of the State or States in which work is, or is to be, performed.

PAYEE COMPLETES EACH CHECKED BOX BELOW

Print Name, Plus Signature of Employee	Residence City and State	Date Signed	State where contract of employment entered into	State or States in which work is performed
√	√	√	√	√

The employer, being duly authorized in the premises, hereunto affixes his, their or its signature at _____ this _____ day of _____, 20 _____

Mark Keane
Falcon Enterprises, Inc.