



ACKNOWLEDGMENT OF AND AGREEMENT WITH J P SYSTEMS, INC. ARBITRATION POLICY

My signature on this document acknowledges that I understand the Arbitration Policy in the J P Systems Employee Manual and agree to abide by its conditions. I also acknowledge that I understand my employment is at-will and may be terminated at any time, with or without reason, by either J P Systems, Inc. or myself. I further agree that, in accordance with J P Systems, Inc.'s Arbitration Policy, I will submit any dispute - including but not limited to my termination - arising under or involving my employment with J P Systems, Inc. to binding arbitration within one (1) year from the date the dispute first arose. I agree that arbitration shall be the exclusive forum for resolving all disputes arising out of or involving my employment with J P Systems, Inc. or the termination of that employment. I agree that I will be entitled to legal representation, at my own cost, during arbitration. I further understand that I will be responsible for half of the cost of the arbitrator and any incidental costs of arbitration.

Employee Name (printed)

Employee Signature

Date

Designated Company Representative Name

Designated Company Representative Signature

Date

Note to the employee: The original of this form will be placed in your personnel file. A copy of this form will be given to you by your designated company representative.