

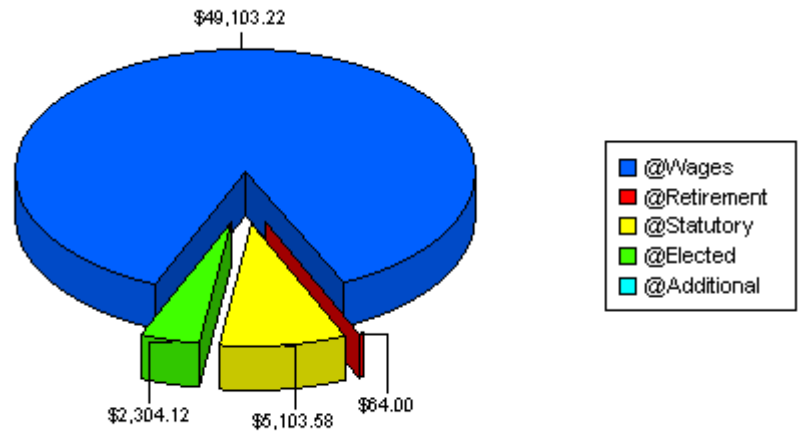


2008 Total Compensation Statement

(DEMO) AA SUPPLY COMPANY

We are pleased to present your 2008 Total Compensation Statement. Should you have questions regarding compensation or benefits, please contact Human Resources.

CHERIE BOUDREAUX
123 MAIN STREET
BATON ROUGE, LA 70809



Total Compensation

We provide you with compensation in the form direct pay (wages) and indirect pay (benefits). The total value of your benefits and wages are as follows:

Wages	Employee Contribution	Employer Contribution	Total
Bonus		\$5,150.00	
Tip Shortfall (In/Out)		\$568.57	
Overtime		\$360.00	
Piece Rate - JLI .071		\$10.65	
Regular		\$42,822.00	
Sick		\$96.00	
**Vacation		\$96.00	
Total 2007 Earnings		\$49,103.22	

Benefits

Government Statutory Benefits - 2007

FICA Tax (Social Security and Medicare)	\$3,746.60	\$3,746.60	\$7,493.20
Unemployment Tax	\$0.00	\$143.61	\$143.61
Workers Compensation	\$0.00	\$1,213.37	\$1,213.37

Retirement Benefits - 2007

401K %%	\$64.00	\$64.00	\$128.00
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Elected Benefits - 2008 Elections

Dental Insurance	\$325.00	\$195.00	\$520.00
Life Insurance	\$0.00	\$159.12	\$159.12
Medical Plan	\$1,300.00	\$1,950.00	\$3,250.00

Total Benefit Cost	\$5,435.60	\$7,471.70	\$12,907.30
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Total Compensation

\$56,574.92

*The value of your benefits (** including paid time-off) is approximately 13% of your total compensation.*

Anticipated Billing Report

(DEMO) AA SUPPLY COMPANY (132)

From 06/08/2009 to 06/08/2009

Employee Name	Coverage Level	Monthly Cost
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CARRIER: HUMANA

PLAN: DENTAL INSURANCE

ENROLLED		Status	
BOUDREAU, CHERIE	EMPLOYEE + FAMILY	Confirmed	\$40.00
DAVIS, RICHARD CONSTANTINE	EMPLOYEE ONLY	Confirmed	\$26.00
DAVIS1, RONALD	EMPLOYEE + FAMILY	Confirmed	\$43.33
HASSLEBACK, MATT	EMPLOYEE ONLY	Confirmed	\$24.00
JOHNSON, JOHN JOHNNY	EMPLOYEE + FAMILY	Confirmed	\$40.00
JOHNSON, LAWSON	EMPLOYEE + FAMILY	Confirmed	\$40.00
JOLIE, ANGELINA	EMPLOYEE + FAMILY	Confirmed	\$40.00
LOCKLERE, HEATHER	EMPLOYEE + CHILDREN	Confirmed	\$37.92
MANNING, PAYTON	EMPLOYEE ONLY	Confirmed	\$24.00
MATT, HASSLEBACK	EMPLOYEE ONLY	Pending	\$24.01
MILES, LES "COACH"	EMPLOYEE + FAMILY	Confirmed	\$40.00
PETERS, CRAIG	EMPLOYEE ONLY	Confirmed	\$24.01
PITT, BRAD	EMPLOYEE ONLY	Confirmed	\$24.00
SKIBA, MATT	EMPLOYEE ONLY	Confirmed	\$52.00
SMITH, JAMES JONAS	EMPLOYEE ONLY	Confirmed	\$26.00
VON D, KAT	EMPLOYEE + SPOUSE	Confirmed	\$29.99
WILLIMAS, BILLY	EMPLOYEE + FAMILY	Confirmed	\$40.00

TOTAL ENROLLED - 17 EMPLOYEES

TOTALS FOR DENTAL INSURANCE - 17 EMPLOYEES \$575.23

PLAN: LIFE INSURANCE

ENROLLED		Status	
BOUDREAU, CHERIE	EMPLOYEE ONLY	Confirmed	\$12.24
DAVIS, RICHARD CONSTANTINE	EMPLOYEE ONLY	Confirmed	\$21.48
DAVIS1, RONALD	EMPLOYEE ONLY	Confirmed	\$12.24
EXPLORER, DORA T	EMPLOYEE ONLY	Confirmed	\$12.26
HASSLEBACK, MATT	EMPLOYEE ONLY	Confirmed	\$12.26
JOHNSON, JOHN JOHNNY	EMPLOYEE ONLY	Pending	\$12.25
JOHNSON, LAWSON	EMPLOYEE ONLY	Confirmed	\$21.48
JOLIE, ANGELINA	EMPLOYEE ONLY	Confirmed	\$12.24
LOCKLERE, HEATHER	EMPLOYEE ONLY	Confirmed	\$12.24
MANNING, PAYTON	EMPLOYEE ONLY	Pending	\$12.25
MATT, HASSLEBACK	EMPLOYEE ONLY	Pending	\$12.25
MILES, LES	EMPLOYEE ONLY	Pending	\$12.25
MILES, LES "COACH"	EMPLOYEE ONLY	Pending	\$12.25
PITT, BRAD	EMPLOYEE ONLY	Confirmed	\$24.74
SCOTT, MICHAEL	EMPLOYEE ONLY	Confirmed	\$12.26
SKIBA, MATT	EMPLOYEE ONLY	Confirmed	\$24.52
SMITH, JAMES JONAS	EMPLOYEE ONLY	Confirmed	\$21.50
STAMOS, JOHN H	EMPLOYEE ONLY	Confirmed	\$12.24
VON D, KAT	EMPLOYEE ONLY	Pending	\$12.25
WILLIMAS, BILLY	EMPLOYEE ONLY	Pending	\$21.48

TOTAL ENROLLED - 20 EMPLOYEES

TOTALS FOR LIFE INSURANCE - 20 EMPLOYEES \$306.68

Anticipated Billing Report

(DEMO) AA SUPPLY COMPANY (132)

From 06/08/2009 to 06/08/2009

Employee Name	Coverage Level	Monthly Cost
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PLAN: MEDICAL PLAN

ENROLLED		Status	
BOUDREAUX, CHERIE	EMPLOYEE + FAMILY	Confirmed	\$549.99
DAVIS, RICHARD CONSTANTINE	EMPLOYEE + FAMILY	Confirmed	\$549.99
HASSLEBACK, MATT	EMPLOYEE + SPOUSE	Confirmed	\$335.00
JOHNSON, JOHN JOHNNY	EMPLOYEE + SPOUSE	Confirmed	\$335.01
JOHNSON, LAWSON	EMPLOYEE + FAMILY	Confirmed	\$549.99
JOLIE, ANGELINA	EMPLOYEE + FAMILY	Confirmed	\$549.99
MANNING, PAYTON	EMPLOYEE ONLY	Confirmed	\$380.00
MARINO, DAN	EMPLOYEE ONLY	Confirmed	\$380.01
MATT, HASSLEBACK	EMPLOYEE + SPOUSE	Confirmed	\$334.99
MILES, LES	EMPLOYEE ONLY	Confirmed	\$380.01
MILES, LES "COACH"	EMPLOYEE + FAMILY	Confirmed	\$550.01
PITT, BRAD	EMPLOYEE + FAMILY	Confirmed	\$550.00
SCOTT, MICHAEL	EMPLOYEE + FAMILY	Confirmed	\$550.01
SKIBA, MATT	EMPLOYEE + FAMILY	Confirmed	\$1,191.67
SMITH, JAMES JONAS	EMPLOYEE + FAMILY	Confirmed	\$550.01
SMITH, JOHN	EMPLOYEE ONLY	Confirmed	\$379.99
STAMOS, JOHN H	EMPLOYEE + FAMILY	Confirmed	\$549.99
VON D, KAT	EMPLOYEE + SPOUSE	Confirmed	\$335.01
WILLIMAS, BILLY	EMPLOYEE + FAMILY	Confirmed	\$549.99

TOTAL ENROLLED - 19 EMPLOYEES

TOTALS FOR MEDICAL PLAN - 19 EMPLOYEES

\$9,551.63

PLAN: VISION

ENROLLED		Status	
BOUDREAUX, CHERIE	EMPLOYEE ONLY	Confirmed	\$40.00
JOHNSON, LAWSON	FAMILY	Confirmed	\$59.97
MANNING, PAYTON	EMPLOYEE ONLY	Confirmed	\$40.00
PETERS, CRAIG	FAMILY	Confirmed	\$59.97
SKIBA, MATT	FAMILY	Confirmed	\$59.97
VON D, KAT	FAMILY	Confirmed	\$59.97
WILLIMAS, BILLY	FAMILY	Confirmed	\$59.97

TOTAL ENROLLED - 7 EMPLOYEES

TOTALS FOR VISION - 7 EMPLOYEES

\$379.86

TOTALS FOR HUMANA

\$10,813.41

CARRIER: MUTUAL OF OMAHA

PLAN: 401K PLAN

ENROLLED		Status	
JOHNSON, JOHN JOHNNY	PERCENTAGE CONTRIBUTION	Pending	\$4.00
MATT, HASSLEBACK	PERCENTAGE CONTRIBUTION	Confirmed	\$3.00

TOTAL ENROLLED - 2 EMPLOYEES

Anticipated Billing Report

(DEMO) AA SUPPLY COMPANY (132)

From 06/08/2009 to 06/08/2009

Employee Name	Coverage Level	Monthly Cost
TOTALS FOR 401K PLAN - 2 EMPLOYEES		\$7.00
TOTALS FOR MUTUAL OF OMAHA		\$7.00
COMPANY TOTALS:		\$10,820.41

Benefit Enrollment Report

(DEMO) AA SUPPLY COMPANY (132)

From 09/01/2008 to 09/30/2008 Sort Order - Last Name

Employee Name Dependent Name	Benefit Plan / Coverage Level	Dependent Effective Date	Status	Effective Date
BOUDREAUX, CHERIE	MEDICAL PLAN / EMPLOYEE ONLY		CONFIRMED	09/01/2008
DAVIS, RICHARD CONSTANTINE DAVIS, ALF B (SON)	MEDICAL PLAN / EMPLOYEE + FAMILY	09/01/2008	CONFIRMED	09/01/2008
DAVIS3, RONALD DAVIS, JONOTHAN (SON) DAVIS, MARY D (WIFE)	MEDICAL PLAN / EMPLOYEE + FAMILY	09/01/2008 09/01/2008	CONFIRMED	09/01/2008
SMITH, JAMES JONAS	MEDICAL PLAN / EMPLOYEE + FAMILY		CONFIRMED	09/01/2008
STAMOS, JOHN H	MEDICAL PLAN / EMPLOYEE + FAMILY		CONFIRMED	09/01/2008
Total Number of Employees: 5	Total Number of Dependents: 3			

Benefit Eligibility Report

(DEMO) AA SUPPLY COMPANY (132)

From 09/01/2008 to 09/30/2008 Sort Order - Last Name

Name	Benefit Plan	Eligibility Date
DAVIS3, RONALD	DENTAL INSURANCE	09/01/2008
STAMOS, JOHN H	DENTAL INSURANCE	09/01/2008

Total Number of Employees: 2

Benefit Reconciliation Report

(DEMO) AA SUPPLY COMPANY (132)

From 09/01/2008 to 09/30/2008 Sort Order - Last Name

Employee Name	Benefit Plan / Coverage Level	Scheduled Amount		Actual Amount		Difference	
		Employee	Employer	Employee	Employer	Employee	Employer
BOUDREAUX, CHERIE	MEDICAL PLAN / EMPLOYEE ONLY	\$50.00	\$75.00	\$50.00	\$75.00	\$0.00	\$0.00
DAVIS, RICHARD CONSTANTINE	MEDICAL PLAN / EMPLOYEE + FAMILY	\$225.00	\$525.00	\$210.00	\$450.00	-\$15.00	-\$75.00
DAVIS3, RONALD	MEDICAL PLAN / EMPLOYEE + FAMILY	\$150.00	\$350.00	\$150.00	\$350.00	\$0.00	\$0.00
STAMOS, JOHN H	MEDICAL PLAN / EMPLOYEE + FAMILY	\$75.00	\$175.00	\$75.00	\$175.00	\$0.00	\$0.00
Totals For Company		\$500.00	\$1,125.00	\$485.00	\$1,050.00	-\$15.00	-\$75.00

Carrier Communication Report

From 09/15/2008 to 09/24/2008

Employee Name	Employee Action	Effective Date	Employee Action Reason					
Employee SSN	Birth Date	Gender	Salary	Hire Date	Marital Status	Employee Type	Zip Code	Position
Dependent Name	Dependent Action	Effective Date	Dependent Action Reason					
Dependent SSN	Birth Date	Gender	Full Time Student	Dependent Age				

CARRIER: BLUE CROSS MS
COMPANY: (DEMO) AA SUPPLY COMPANY
BENEFIT PLAN: MEDICAL PLAN
ACTION: ADDS

BOUDREAUX, CHERIE	Added Employee	09/01/2008						
123-45-6789	05/01/1980	Female	\$ 83,200.00	05/21/2008	Single	Full Time	70809	ACCOUNTS RECEIVABLE
Coverage Level: EMPLOYEE ONLY								
DAVIS, RICHARD CONSTANTINE	Added Employee	09/01/2008						
654-32-1546	01/01/1960	Male	\$ 29,120.00	06/04/2008	Single	Full Time	70471	HEAD HONCHO
Coverage Level: EMPLOYEE + FAMILY								
DAVIS1, RONALD	Added Employee	09/01/2008						
324-16-4654	01/01/1960	Male	\$ 35,360.00	06/09/2008	Single	Full Time	70460	
Coverage Level: EMPLOYEE + FAMILY								
DAVIS1, RONALD	Added Employee	10/01/2008			Employee Status Changed to Confirmed			
324-16-4654	01/01/1960	Male	\$ 35,360.00	06/09/2008	Single	Full Time	70460	
Coverage Level: EMPLOYEE + FAMILY								
DAVIS, MARY (WIFE)	Modified Dependent	10/01/2008			Employee Status Changed to Confirmed			
999-98-5221	05/01/1970	Female		No		38 yrs - 4 mths		
DAVIS3, RONALD	Added Employee	09/01/2008						
216-54-6546	01/01/1960	Male	\$ 35,360.00	05/09/2008	Single	Full Time	70460	
Coverage Level: EMPLOYEE + FAMILY								
DAVIS, MARY D (WIFE)	Added Dependent	09/01/2008						
125-88-9929	09/08/1977	Female		No		31 yrs - 0 mths		
DAVIS, JONOTHAN (SON)	Added Dependent	09/01/2008						
125-33-8888	09/17/2006	Male		No		2 yrs - 0 mths		
SMITH, JAMES JONAS	Added Employee	09/01/2008						
564-54-4656	01/01/1980	Male	\$ 31,200.00	06/04/2008	Single	Full Time	70471	
Coverage Level: EMPLOYEE + FAMILY								

Carrier Communication Report

From 09/15/2008 to 09/24/2008

Employee Name	Employee SSN	Birth Date	Gender	Employee Action	Salary	Hire Date	Effective Date	Marital Status	Employee Type	Employee Action Reason	Zip Code	Position
Dependent Name	Dependent SSN	Birth Date	Gender	Dependent Action	Full Time Student	Effective Date	Dependent Age	Dependent Action Reason				

SMITH, ZOE A				Added Employee			10/01/2008			Employee Status Changed to Confirmed		
	547-86-5412	01/01/1980	Female	\$ 20,800.00		06/04/2008	Single		Full Time	70001		
	Coverage Level: EMPLOYEE + FAMILY											
SMITH, TROY (SON)				Modified Dependent			10/01/2008			Employee Status Changed to Confirmed		
	125-55-5555	05/02/1999	Male			No	9 yrs - 4 mths					

STAMOS, JOHN H				Added Employee			09/01/2008					
	425-63-5896	12/18/1967	Male	\$ 52,000.00		05/31/2008	Single		Full Time	70119		
	Coverage Level: EMPLOYEE + FAMILY											

ACTION: MODIFICATIONS

DAVIS, RICHARD CONSTANTINE				Modified Employee			09/01/2008			Add / Modify or Delete Dependents		
	654-32-1546	01/01/1960	Male	\$ 29,120.00		06/04/2008	Single		Full Time	70471		HEAD HONCHO
	Coverage Level: EMPLOYEE + FAMILY											
DAVIS, ALF B (SON)				Added Dependent			09/01/2008					
	129-98-8534	08/15/1994	Male			Yes	14 yrs - 1 mths					

Benefit Census Report

(DEMO) AA SUPPLY COMPANY (132)

Sort Order - Last Name by Benefit Plan / Coverage Level

Employee Name	SSN	Birth Date	Gender	Salary	Hire Date	Marital Status	Employee Type	Zip Code	Position	Dependents Enrolled or Eligible Date
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Benefit Plan / Coverage Level: MEDICAL PLAN / ** ELIGIBLE FOR THE PLAN - NOT CURRENTLY ENROLLED **

COPPOLA, FRANCIS	215-75-8999	07/01/1955	Male	\$ 99,999.95	12/07/2007	Single	Full Time	70433	SALES MANAGER	04/01/2008
DYLAN, BOB	567-89-0123	01/16/1954	Female	\$ 58,240.00	12/06/2007	Married	Full Time	55802	SALES1	04/01/2008
JACKSON, MICHAEL	225-47-8998	02/03/1975	Male	\$ 65,000.03	12/04/2007	Single	Full Time	93427	POSITION IS UNDEFINED	04/01/2008
JAMES, BRITTANY	223-34-4455	07/14/1974	Female	\$ 95,999.94	04/15/2008	Single	Full Time	70717	VICE PRESIDENT	08/01/2008
JOLIE, ANGELINA	444-44-4444	05/10/1970	Female	\$ 20,800.00	03/24/2008	Single	Full Time	33102	ADMINISTRATIVE ASSISTANT	07/01/2008
JORDAN, MICHAEL	987-65-4321	07/01/1965	Male	\$ 48,000.00	04/15/2008	Single	Full Time	543211234	SALES REPRESENTATIVE	08/01/2008
LOCKLERE, HEATHER	375-98-0098	04/29/1970	Female	\$ 37,440.00	04/15/2008	Single	Full Time	56110	ACCOUNTS RECEIVABLE	08/01/2008
MORRISSEY, STEVEN	454-54-5454	02/19/1971	Male	\$ 52,000.00	02/28/1999	Single	Full Time	70433	POSITION IS UNDEFINED	06/01/1999
PETERS, CRAIG	445-54-5545	09/12/1969	Male	\$ 70,008.04	10/30/2007	Single	Full Time	70769	ACCOUNTANT	02/01/2008
PITT, BRAD	222-33-9999	02/15/1969	Male	\$ 31,200.01	01/11/2006	Single	Full Time	98022	SALE	05/01/2006
SKIBA, MATT	114-55-8898	09/22/1971	Male	\$ 70,000.00	12/04/2007	Single	Full Time	70433	POSITION IS UNDEFINED	04/01/2008
STONE, OLIVER	985-65-4557	07/07/1977	Male	\$ 29,000.00	12/04/2007	Single	Full Time	70433	POSITION IS UNDEFINED	04/01/2008

Benefit Plan / Coverage Level: MEDICAL PLAN / EMPLOYEE + FAMILY

DAVIS, RICHARD CONSTANTINE	654-32-1546	01/01/1960	Male	\$ 29,120.00	06/04/2008	Single	Full Time	70471	HEAD HONCHO	1
DAVIS1, RONALD	324-16-4654	01/01/1960	Male	\$ 35,360.00	06/09/2008	Single	Full Time	70460	POSITION IS UNDEFINED	1
DAVIS3, RONALD	216-54-6546	01/01/1960	Male	\$ 35,360.00	05/09/2008	Single	Full Time	70460	POSITION IS UNDEFINED	2
SMITH, JAMES JONAS	564-54-4656	01/01/1980	Male	\$ 31,200.00	06/04/2008	Single	Full Time	70471	POSITION IS UNDEFINED	0
SMITH, ZOE A	547-86-5412	01/01/1980	Female	\$ 20,800.00	06/04/2008	Single	Full Time	70001	POSITION IS UNDEFINED	1
STAMOS, JOHN H	425-63-5896	12/18/1967	Male	\$ 52,000.00	05/31/2008	Single	Full Time	70119	POSITION IS UNDEFINED	0

Benefit Plan / Coverage Level: MEDICAL PLAN / EMPLOYEE ONLY

BOUDREAUX, CHERIE	123-45-6789	05/01/1980	Female	\$ 83,200.00	05/21/2008	Single	Full Time	70809	ACCOUNTS RECEIVABLE	0
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Benefit Census Report

(DEMO) AA SUPPLY COMPANY (132)

Sort Order - Last Name by Benefit Plan / Coverage Level

Employee Name	SSN	Birth Date	Gender	Salary	Hire Date	Marital Status	Employee Type	Zip Code	Position	Dependents Enrolled or Eligible Date
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Gender		Salary			Marital Status				Employee Status		
Male	Female	Minimum	Average	Maximum	Single	Married	Divorced	Widowed	Regular Full Time	Regular Part Time	Other
45	18	\$ 20,800.00	\$ 52,404.32	\$ 99,999.95	59	4	0	0	63	0	0

Position Title	Position Count
ACCOUNTANT	1
ACCOUNTS RECEIVABLE	2
ADMINISTRATIVE ASSISTANT	1
HEAD HONCHO	1
POSITION IS UNDEFINED	10
SALE	1
SALES MANAGER	1
SALES REPRESENTATIVE	1
SALES1	1
SALESPERSON	1
VICE PRESIDENT	1
Total Positions	21

Plan: MEDICAL PLAN		Number Eligible: 21	
Coverage Level	Enrolled In Cobra	Not Enrolled In Cobra	Total
ELIGIBLE BUT NOT ENROLLED	N/A	N/A	14
EMPLOYEE + FAMILY	0	6	6

Benefit Census Report

(DEMO) AA SUPPLY COMPANY (132)

Sort Order - Last Name by Benefit Plan / Coverage Level

Employee Name	SSN	Birth Date	Gender	Salary	Hire Date	Marital Status	Employee Type	Zip Code	Position	Dependents Enrolled or Eligible Date
EMPLOYEE ONLY					0	1	1			
Totals					0	7	21			