

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (850) 476-1112
Fax: (850) 476-1113



NOTICE OF ASSIGNMENT

Attention: Accounts Payable Manager

Thank you for favoring us with your business and making it possible for us to grow. In order to accommodate this growth, we have entered into an Agreement with Transfac Capital, Inc. ("Transfac"), a highly respected source for Accounts Receivable Management and Funding. This Agreement will enable us to serve you more efficiently.

Accordingly, we wish to inform you that all our invoices, present and future, have been sold, assigned, and that payments on all invoices must be made payable to Transfac Capital Inc. Please make the proper notations on your ledger. Payment by you or any third party payment processor which you may engage is not to be made to anyone else. We value you as a customer and know this arrangement will enhance the service you are receiving from us. If you have any questions concerning your billing, please call Transfac at 801-575-6500 or fax at 801-575-6508.

PLEASE SEND ALL PAYMENTS (INCLUDING BILLS NOW DUE) DIRECTLY TO:

Payments by mail:

Transfac Capital, Inc.
P.O. Box 3238
Salt Lake City, UT 84110-3238
FBO: PPSR LLC

Payments by electronic transfer (Wires and ACH):

Zions First National Bank
ABA #: 124000054
Account #: 979880838
For credit on account of: Transfac LLC
Remittance advice:
epayment@transfaccapital.com
FBO: PPSR LLC

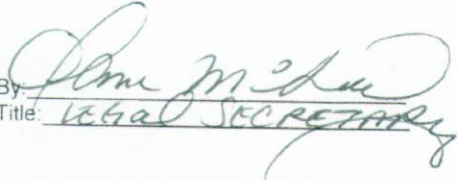
This notice and instruction will remain in effect until you and your third party payment processor, if you have one, receive written notice from Transfac only. This assignment complies with the Uniform Commercial Code and has been recorded under applicable statutes. This letter serves as statutory notice and does not require your consent to be effective or enforced.

PPSR LLC

Transfac Capital, Inc.

By: 
Title: CEO

By signing above, I authorize Transfac to scan and securely store my signature for the sole and limited purpose of generating Notices of Assignment based on this signed copy and deliver the same to my Customers.

By: 
Title: LEGAL SECRETARY

Attn: Accounts Payable Manager

To ensure payments are applied correctly, please complete the below contact billing information and fax a copy to us at 801-575-6508.

COMPANY NAME: _____
ADDRESS: _____
EMAIL: _____
PHONE: () _____ FAX: () _____
INVOICES ELECTRONICALLY SENT TO: _____
YOUR NAME: _____