

EMPLOYER NOTICE TO EMPLOYEES

Circle K Management LLC * Payless Fuel Centers of Texas LLC * Lone Star Property Management LP * St George & AVA TGI * St Mary & AVA Mena Inc * Riverside Fuel & Food LLC * S&M Fast Food * Chicken & Fish Depot LLC * North Texas Taco Casa

ACKNOWLEDGEMENT REGARDING THE REVISED MANDATORY ARBITRATION PLAN (Revised 03/1/2022)

I hereby certify by my electronic signature below that I agree to the Revised Mandatory Arbitration Plan. I also understand that ***ALL issues related to work related injury or illness or benefits thereto MUST be settled through binding arbitration, not litigation, per the Company Revised Mandatory Arbitration Plan.*** Neither party shall have the right to file any suit in any state or federal court. Any such arbitration will be governed by the Federal Arbitration Act and administered by the American Mediation Association.

ACKNOWLEDGEMENT REGARDING POST-ACCIDENT DRUG AND ALCOHOL TESTING POLICY FOR TEXAS EMPLOYEES

I hereby certify by my electronic signature that I agree to the Post-Accident Drug and Alcohol Testing Policy for Texas Employees regarding work related injuries and illnesses. By my electronic signature below, I certify that I understand that ***ANY employee reporting a work related injury or potential work related injury and who seeks medical attention will be required to take a post-accident drug test. Refusal to test or a positive result WILL result in denial or suspension of benefits regarding the reported work-related injury and termination of employment.***

Both Plans are available anytime at the location and/or on the internet –Snag! (participating locations) or electronically from hr@dfwoilenergy.com.

_____ Employee Signature	_____ Employee Printed Name	_____ Date
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_____ Witness/Manager Signature (Company)	_____ Witness Printed Name	_____ Date
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If Employee is under 18, parent/guardian must complete below:

_____ Parent/Guardian Signature	_____ Printed Name of Parent/Guardian	_____ Date
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_____ Witness Signature (Company)	_____ Witness Printed Name	_____ Date
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