ADDENDUM TO EMPLOYEE APPLICATION

The Georgia Administrative Code (5123:2-.05) requires that home health care companies ascertain from applicants for employment that they have not been convicted plead guilty of the offenses listed below. Your signature below indicates that you have not committed nor plead guilty of:

Aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, failing to provide for a functionally impaired person, aggravated menacing, patient abuse and neglect, kidnapping, abduction, criminal child enticement, rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, importuning, voyeurism, public indecency, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented materials involving a minor, illegal use of a minor in nudity-oriented material or performance, aggravated robbery, robbery, aggravated burglary, burglary, unlawful abortion, endangering children, contributing to the unruliness or delinquency of a child, domestic violence, carrying a concealed weapon, having weapons while under disability, improperly discharging a firearm at or into a habitation or school, corrupting others with drugs, trafficking in drugs, illegal manufacture of drugs or cultivation of marijuana, funding of drugs or marijuana trafficking, illegal administration or distribution of anabolic steroids, placing harmful objects in food or confection, child stealing, possession of drugs, felonious sexual penetration.

| I, | have read the contents of this addendum to my |
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| application for employment with Express Profession | al Homecare also understand that I am required by |
| law to notify EXPRESS PROFESSIONAL HOMECARI charges, | E, LLC within 14 (fourteen) days if I receive formal |
| convictions, or make a guilty plea to any one of the | disqualifying offenses listed above. |
| Signature of Applicant | Date |