



CONSENT

I have received, read and understand Jakait Express Inc.'s Drug Free Workplace Program including Annex "A", and I understand that Compliance with the Drug Free Workplace Program is a term and condition of employment at the Company. I understand that failure or refusal to cooperate fully, sign any required documents, or submit to any requested or recommended tests, will constitute grounds for immediate termination. I agree to follow and abide by Jakait Express Inc.'s Drug Free Workplace Program.

I understand that the Company will be responsible for paying the cost of the random pool testing. Should I test positive for drugs or alcohol, I understand I am responsible for all other costs associated with the drug and alcohol testing program such as, Substance Abuse Professional interviews, return to duty, and follow up testing etc.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (printed)

WITNESS SIGNATURE