

Confirmation of Receipt

I have received my copy of Cedaron Medical, Inc.'s employee handbook. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the handbook.

I understand that except for employment at-will status, any and all policies or practices can be changed at any time by the Company. Cedaron reserves the right to change my hours, wages, and working conditions at any time. I understand and agree that other than the President & CEO, no manager, supervisor, or representative of the Company has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the President & CEO has the authority to make any such agreement and then only in writing, signed by the President & CEO.

I understand and agree that nothing in the employee handbook creates or is intended to create a promise or representation of continued employment and that employment at Cedaron is employment at-will; employment may be terminated at the will of either the Company or myself. My signature certifies that I understand that the foregoing agreement on at-will status is the sole and entire agreement between Cedaron and myself concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings, and representations concerning my employment with Cedaron.

Employee's Signature _____

Employee's Printed Name _____

Date _____