



GREENSBORO PLANT
301 EAST MEADOWVIEW ROAD
P.O. BOX 21448
GREENSBORO, NC 27420-1448
919-379-3100
919-379-3123 - FAX

September 19, 1995

Mr. Ted Kimble
P.O. Box 160
Pleasant Garden, NC 27313

Dear Ted:

It is a pleasure to welcome you as a new partner in Precision Fabrics Group. We are especially glad you have selected Greensboro Plant Lamination Department to pursue your career.

Your selection from the number of candidates for this position indicates our belief that you can make a real contribution to our operation. At the same time, the pay, benefit program, and opportunities for growth afforded you by Precision Fabrics will assist you in reaching your personal goals. We certainly look forward to working with you and want to offer any help you may need in adjusting to the new work environment.

Please do not hesitate to contact Personnel if we can assist in any way.

Accept my best wishes for a long and successful career at Precision Fabrics.

Sincerely,

A handwritten signature in cursive script that reads 'Bebe Osborne'.

Bebe S. Osborne
Personnel Manager

BSO/sks

TO: Personnel

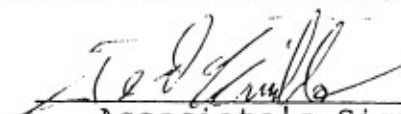
Precision Fabrics Group, Inc., has adopted Quality Policies which state the overall objectives and goals of the Quality Management System. These policies are detailed in the Quality Policy Section of the Quality Management System Manual, available for reference in all functional areas. The Quality Policies detailed in the manual arise from a single quality philosophy, the Precision Fabrics Group Commitment to Excellence, which is stated below.

Commitment to Excellence

Precision Fabrics Group, Inc., is made up of four business units: Formed Fabrics, Greige Fabrics, Impression Fabrics, and Performance Fabrics. Each unit is committed to excellence in its field. This commitment includes:

- 1) Supplying products and services that meet or exceed customer requirements.
- 2) Providing innovative technical leadership to satisfy future customer requirements.
- 3) Adhering to the highest standard of integrity in relationships with customers, associates, suppliers, and the communities in which we operate.
- 4) Preventing problems rather than reacting to them.
- 5) Providing the resource, knowledge, and leadership to all associates to enable them to perform in a highly motivated and personally rewarding manner.

Associate Review: I have read and understand the Commitment to Excellence, and understand that I have access to the Quality Manual. If I cannot locate a controlled copy of the manual, I may contact the Corporate Quality Engineer or the Director of Quality Control, who will ensure that I have access to the manual.



Associate's Signature

9-18-95

Date

ASSOCIATE DATA INFORMATION:

FAMILIAR NAME: Teri Lambie SOCIAL SECURITY # _____

ADDRESS: Po Box 100 TELEPHONE: (910) 674-1142

CITY: Pleasant Glen STATE: NC ZIP CODE: 27313

CITY OF BIRTH: Durham STATE OF BIRTH: N.C.

COUNTRY OF CITIZENSHIP: U.S.

MARITAL STATUS: 2 (1-SINGLE 2-MARRIED 3-SEPARATED 4-DIVORCED 5-WIDOWED)

SPOUSE: Patricia Lambie SPOUSE MAIDEN NAME: Patricia Blakeley

SPOUSE DATE OF BIRTH: 9-14-67 SPOUSE SOC SEC# _____

SELECTIVE SERVICE STATUS: ○ TYPE DISCHARGE: _____

BRANCH SERVICE: _____ MILITARY RANK: _____

DATE ENTERED: _____ DATE DISCHARGED: _____

EMERGENCY CONTACT NAME: Patricia Lambie RELATIONSHIP: wife

ADDRESS: 2104 Branch Station Ct WORK PHONE: (910) 274-1998

CITY: Pleasant Glen STATE: NC ZIP CODE: 27313

EMPLOYEE CHILDREN DATA (OLDEST TO YOUNGEST):

	FIRST	MI	LAST	BIRTHDATE	SOCIAL SECURITY #
1.	<u>Teri</u>				
2.					
3.					
4.					
5.					

EDUCATIONAL HISTORY:

HIGH SCHOOL: Southeast Guilford Sr High YEARS COMPLETED: 12

DIPLOMA (Y/N): Y YEAR GRADUATED: 89

COLLEGE: --- YEARS COMPLETED: _____

DEGREE (Y/N): _____ TYPE DEGREE: _____ DATE OF DEGREE: _____

MAJOR: _____ MINOR: _____

NEW HIRE: PAYROLL INFORMATION

HIRE DATE: 9-18-95

NAME: THEODORE M. KIMBLE SS#: _____

DEPT NO: 820 JOB NO: 382971 SHIFT: 3 SEC: 8

JOB DESC: LAMINATOR - MA I RATE AT HIRE: \$ 6.65
(HOBJO)

NEXT PROGRESSION:

DATE: 10-30-95 RATE: \$ 7.67

CHANGE SEC TO: L

DATE: TBDCA RATE: \$ 8.69

(12-18-95)

CHANGE SLOT TO: 07

FOR PERSONNEL USE ONLY:

DATE: 10-18 DED NO: 12) MED AMOUNT: \$ 8.28

_____ 12) MED \$ _____

10-18 13) DEN \$ 2.95

_____ 13) DEN \$ _____

10-18 40) A&S \$ 3.36

_____ 40) A&S \$ _____

JOB CODE: 7B
(HOBJO - HOBEL)

DATE/SCHEDULE: 10-18-95/AX50XB
(HOBUD)

_____ *HB4E1- ASSOC ID DATA

_____ HDTE1- DEPENDENT DATA

_____ *HB6E1- ASSOCIATE DATES

_____ HBZ30- COVERED DEPENDENTS

_____ *H6301- HISTORY DATES

_____ HBQ30- INS EFFECTIVE

_____ *H6901- AA DATA/HIRE DATE

_____ HBU30/HTD02

* SYSTEM GENERATES ON 9-26-95

PRECISION FABRICS GROUP, INC.

EMPLOYEE CONFIDENTIAL INFORMATION AND PATENT AGREEMENT

In consideration of my employment or continuation of employment by Precision Fabrics Group, Inc. (hereinafter for convenience referred to as "Precision Fabrics"), I agree as follows:

All improvements, inventions, designs, and useful ideas conceived or made by me during my employment which relate in any way to Precision Fabrics shall be disclosed promptly in writing, drawing, or other tangible form to Precision Fabrics and shall be its exclusive property. When requested, I agree to execute applications, assignments, and other instruments to convey to Precision Fabrics the exclusive right, title, and interest therein, and to render all other assistance which Precision Fabrics deems necessary to make application for and obtain patents in the United States and other countries. This obligation shall continue beyond the term of my employment as to improvements, inventions, designs, and useful ideas conceived or made during my employment.

I also agree that I will not, either during or after my employment, disclose or use any confidential or secret information pertaining to Precision Fabrics' business, without permission of Precision Fabrics in writing.

ACCEPTED

Rochelle B. Brown
PFG Representative

SIGNED

[Signature]
Employee

DATE

9-18-95

DATE

9-18-95

**PRECISION FABRICS GROUP, INC.
WAGE ASSOCIATE INDUCTION CHECKLIST
GREENSBORO PLANT**

FORMS TO BE COMPLETED

- Application
- Service Record
- Employment Eligibility
- Verification (I-9)
- Personnel Data Sheet
- Federal and State Withholding
- Attendance Calendar
- Credit Union

OTHER BENEFITS

- Holidays
- Vacation
- Tuition Aid
- PEP Plan
- Retirement Plan
- 401-K/Employee Savings
- Leaves of Absence
- Child Care
- Special Pay Policies
(Military, Jury, Funeral)

MEDICAL AND DENTAL INSURANCE

- Employee Enrolled
- Dependent(s) Enrolled
- Claims Procedure
- Claims Processing Letter
- Insurance Manual
- Insurance Card
- Effective Date: 10-18-95
- COBRA Letter

*8.28
2.95
3.34
14.59*

LOCAL FACILITY PRACTICES

- Break Time(s)
- Dress Code
- Parking
- Payday
- Work Schedule/Attendance

LIFE INSURANCE

- Free Life Insurance
- Contributory Life Insurance
- Dependent(s) Coverage

ITEMS RECEIVED

- Locker Assignment
- Uniforms
- Supplies
- Other

DISABILITY (ACCIDENT AND SICKNESS)

- Free A&S
- Contributory A&S

*3.36 82.50
165.00*

TO BE COVERED IN ORIENTATION

- Plant Rules
- EEO/Union Statement
- Grievance/Open Door Policy
- Seniority/Promotion
- Attendance Policy
- Safety Program
- Quality Procedures

POLICIES

- Probationary Period (120 Days)
- Rehire, Service Bridged
- Reporting Work-related Injuries
- United Way Campaign

Ed Smith

Associate Signature

9-18-95

Date

Rockell B. Brown *9-18-95*

Personnel Representative Date

ELIGIBILITY FORM FOR CONTINUATION COVERAGE (COBRA)

SECTION I: TO BE COMPLETED BY EMPLOYER

Employee Name THEODORE M KIMBLE Notification Date 11 29 19 95
 Employee Address PO BOX 160 MONTH DAY YEAR
 City PLEASANT GARDEN Social Security Number _____
 State NC Zip 27313 Birthdate 12-8-69 Phone (910) 674-1148
 Participant's Name _____
 Participant's Address _____
COMPLETE IF FOR SPOUSE AND/OR DEPENDENT COVERAGE ONLY (I.E. DIVORCE, OVER AGE DEPENDENTS, ETC.)
IF DIFFERENT FROM ADDRESS ABOVE.

Continuation of Group Health coverages is available to you and/or your eligible dependents for the reason noted below:

QUALIFYING EVENT	EFFECTIVE DATE	MAXIMUM PERIOD
<input checked="" type="checkbox"/> Employee's Termination	<u>11-27-95</u>	18 Months
<input type="checkbox"/> Reduction of Employment Hours	_____	18 Months
<input type="checkbox"/> Employee's Death	_____	36 Months
<input type="checkbox"/> Employee's Divorce or Legal Separation	_____	36 Months
<input type="checkbox"/> Loss of Coverage due to Employee becoming entitled to Medicare	_____	36 Months
<input type="checkbox"/> Dependent Child Ceases to be Eligible under Plan Guidelines	_____	36 Months

The following coverages are available to you and/or your participating dependents:

CHECK COVERAGES- INDICATE OPTION	EMPLOYEE	SPOUSE	CHILDREN
Plan			
Medical <u>147.30</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental <u>10.93</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current, covered dependents eligible for coverage:

NAME	BIRTHDATE	RELATIONSHIP	SSN	ADDRESS*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Note address if different than indicated above

The monthly premium charged for continuing coverage, if elected, under the plan is as follows:

	Medical (Core) Coverage	Dental	All other optional (non-core) coverage	Other
			Vision	Other
Adult \$	<u>147.30</u>	\$ <u>10.93</u>	\$ _____	\$ _____
Child \$	_____	\$ _____	\$ _____	\$ _____

Employer PRECISION FABRICS Address 301 E MEADOWVIEW RD GREENSBORO NC
 Personnel Representative Signature Lynne W Bradsher Date 11-29-95 2746
 Personnel Representative (Please print name) LYNNE W BRADSHER Telephone Number (910) 379-3100

PLEASE COMPLETE SECTION II AND SEND WITH SECTION I:

1995 Absentee Calendar [®]

Absence Codes

- A** Absent **P** Partial Hrs. Worked
- T** Tardy **H** Holiday
- V** Vacation **L** Layoff

Red number denotes an unexcused absence.

Black number denotes an excused absence.

No. Reason

- 1 Lack of Work
- 2 Sick (Employee)
- 3 Family sickness
- 4 Accident - Self or family - out of plant
- 5 Plant injury
- 6 Personal
- 7 Discipline
- 8 Leave of Absence
- 9 Transportation
- 10 Unknown

No. Reason

- 11 Death in family
- 12 Jury duty / Court
- 13 Birthday
- 14 Military
- 15 Weather
- 16 Medical Appt.
- 17 Recognition
- 18 Floating Holiday
- 19 Comp. Time
- 20 Family Leave
- 21

Name Jed M. Kimble

Employee # _____

Social Security # _____

Address PO Box 160
Pleasant Garden NC 27313
Street State City State Zip Code

Phone (910) 674-1148

Dept. Lamination Birth Date 12-8-69

Position Laminator MA1 Hire Date 9-18-95

JANUARY

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	TOTAL
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30	31					

FEBRUARY

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	TOTAL
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28					

MARCH

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	TOTAL
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

APRIL

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	TOTAL
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30							

MAY

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	TOTAL
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31				

JUNE

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	TOTAL
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30		

JULY

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	TOTAL
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

AUGUST

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	TOTAL
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31			

SEPTEMBER

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	TOTAL
						1	2
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	

OCTOBER

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	TOTAL
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30	31					

Handwritten notes in October: 3.5 E E E F F (under 9-14); 20 20 20 20 20 (under 16-20); 20 20 (under 29-30)

NOVEMBER

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	TOTAL
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30			

Handwritten notes in November: 20 20 20 (under 7-9); 20 20 20 (under 12-14)

DECEMBER

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	TOTAL
						1	2
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
31							

DEPARTMENTAL CHANGE AUTHORIZATION

Precision Fabrics Group

Associate Soc. Sec. Number:

--	--	--	--	--	--	--	--	--	--

Associate Name:

TED KIMBLE

Address Change

For Office Use

Street or P.O. Box

City, State, Zip

Telephone Number: () / /

Assignment Changes

From

To

1 - Assigned Shift

2 - Assigned Section

3 - Job Number

4 - Job Title

5 - Job Transfer Date

6 - Progression Counter

7 - Name Rate

Leave of Absence

1 - Leave Beginning Date:

Month Day Year

10 16 95

2 - Projected Leave Ending Date:

11 20 95

3 - Date Returned From Leave:

4 - Last Date Worked:

Termination

Month Day Year

Date of Termination:

--	--	--

Last Date Worked:

Month Day Year

--	--	--

Reason For The Above Change:

Personal leave following untimely death of wife.

Originator:

Plizittani

Personnel Mgr:

Fabi Orlando

Ind. Engineer:

Other:

Date Submitted:

Month Day Year

10 19 95

EMPLOYEE MASTER FILE SNAPSHOT

17:48

CO. NO. 210	COMPANY NAME PRECISION FABRICS GROUP--GREENSBORO PLANT	DATE 11/27/95	PAGE 1	WORK COUNTRY CODE 1	TAX UNIT 01
EMPLOYEE NAME THEODORE M KIMBLE		EMPLOYEE NUMBER	TCD 0	SOCIAL SECURITY NO.	
P.O. BOX, APT. OR SUITE NO.		STREET NUMBER AND NAME POST OFFICE BOX 160	CITY PLEASANT GARD	STATE NC	ZIP CODE 27313
		DEPT. 820	SECT. 3L		

BANK NO. ONE	BANK NO. TWO	BANK NO. THREE	ACCOUNT NO. ONE	ACCOUNT NO. TWO	ACCOUNT NO. THREE
ACCOUNT NO. FOUR	ACCOUNT NO. FIVE	COMPANY BANK NUMBER	CHECK ADDRESS	CREDIT ASSN.	STD. LABOR DISTRIBUTION CODE 382971

HOME TELEPHONE AREA NUMBER 9106741148	BUSINESS TELEPHONE AREA NUMBER	LAST REVIEW DATE 11/22/95	LAST STATUS CHANGE DATE 10/29/95	LAST SALARY CHANGE DATE	ANNUALIZED AMT. OF LAST SALARY CHANGE 1851.20
BIRTH DATE 12/08/69	EMPLOYMENT DATE 09/18/95	CONTINUOUS SVCE. DATE	TERMINATION DATE 11/27/95	TERM CODE 05	RETIREMENT DATE
JOB DESCRIPTION/SPOUSE'S NAME LAMINATOR-MA I		MIL STATUS	SEX M	JOB CLASS 7B	JOB TYPE 7B
SAL. RANGE 01	SAL. GRADE 02	ESTAB. NUMBER 1814	WKMN. COMP. CODE 2413	STATUS CODE 3	PAY FREQ. 40
PAY TYPE 1	T.C. STATUS 0	VAC. ACCRUAL METH.	ACCURAL TABLE	SICK I.V. ACC. METH.	TABLE 0
STD. HOURS A 80.00	STD. HOURS B 999.99	SALARY/RATE 8.160000	HOURLY RATE	O.T. STATUS 5	O.T. TYPE 3
OVERTIME 1 RATE/FACTOR 1.500	OVERTIME 2 RATE/FACTOR 2.000	SHIFT CODE 4	SHIFT CONTROL 1 9	SHIFT CONTROL 2 4	SHIFT 2 RATE/AMT. OR PCT.
SHIFT 3 RATE/AMT. OR PCT.	DATE A	DATE B CODE	DATE B	DATE C 11/22/95	DATE D
PAY NO.	AUTO HRS.	CHK IND.	TAX IND.	DED IND.	RATE/AMOUNT
PAY NO.	AUTO HRS.	CHK IND.	TAX IND.	DED IND.	RATE/AMOUNT
STD. HRS PER DAY 8.0	SUI STATUS 4	BONUS SPECIAL PAY TAX PERCENTAGE			
SUI STA. CODE 34	(FIT) MAR. STATUS 2	FIT STATUS 4	FIT/NO. EXEMPT AMT. OR PCT. 0	FIT/ADD. AMT. OR PCT. N/A	FICA STATUS 4
FUTA STATUS 4	COUNTRY 1	RESIDENCE STATE 34	LOCAL	FIT	SIT
LOCAL	LOCAL	PERCENT DISTRIB. 999	SIT STATUS 4	SIT/NO. EXEMPT AMT. OR PCT.	SIT/ADD. AMT. OR PCT.
LOCAL STATUS 1	LOCAL/NO. EX. AMT. OR PCT.	LOCAL ADD. AMT. OR PCT.	TAX UNIT 1	DI STATUS 1	MARITAL STATUS 2

CONSTANT ONE	CONSTANT TWO	CONSTANT THREE	CONSTANT FOUR	CONSTANT FIVE	CONSTANT SIX	CONSTANT SEVEN
--------------	--------------	----------------	---------------	---------------	--------------	----------------

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
						0	0	0	S	7	0	5	2	0		0	2	1	0

DEDUCTIONS											
DED. NO.	NAME	FREQ.	AMOUNT	GOAL	UTILITY	DED. NO.	NAME	FREQ.	AMOUNT	GOAL	UTILITY
12	MED INS	00	828		122221	13	DENTAL	00	96		122221
40	A&S	00	356								

REPORT 1007

EMPLOYEE'S LAST NAME
KIMBLE

EMPLOYEE MASTER FILE SNAPSHOT

17:24

CO. NO. 210	COMPANY NAME PRECISION FABRICS GROUP--GREENSBORO PLANT	DATE 11/06/95	PAGE 1	WORK COUNTRY CODE 1	TAX UNIT 01	
EMPLOYEE NAME THEODORE M KIMBLE		EMPLOYEE NUMBER	TCD 0	SOCIAL SECURITY NO.	DIV. 814	OFF. 800
P.O. BOX, APT. OR SUITE NO.	STREET NUMBER AND NAME POST OFFICE BOX 160	CITY PLEASANT GARD	STATE NC	ZIP CODE 27313	DEPT. 820	SECT. 3L

BANK NO. ONE	BANK NO. TWO	BANK NO. THREE	ACCOUNT NO. ONE	ACCOUNT NO. TWO	ACCOUNT NO. THREE
ACCOUNT NO. FOUR	ACCOUNT NO. FIVE	COMPANY BANK NUMBER	CHECK ADDRESS	CREDIT ASSN.	STD. LABOR DISTRIBUTION CODE 382971

HOME TELEPHONE AREA NUMBER 9106741148	BUSINESS TELEPHONE AREA NUMBER	LAST REVIEW DATE	LAST STATUS CHANGE DATE 10/19/95	LAST SALARY CHANGE DATE 10/29/95	ANNUALIZED AMT. OF LAST SALARY CHANGE 1851.20																			
BIRTH DATE 12/08/69	EMPLOYMENT DATE 09/18/95	CONTINUOUS SVCE DATE	TERMINATION DATE	TERM CODE	RETIREMENT DATE	LEAVE START DATE 10/16/95	LEAVE RETURN DATE 11/20/95																	
JOB DESCRIPTION-SPOUSE'S NAME LAMINATOR-MA I		MIL STATUS	SEX M	JOB CLASS 7B	JOB TYPE 7B	SAL RANGE 01	SAL GRADE 02	ESTAB NUMBER 1814	WKMN COMP CODE 2413	STATUS CODE 2	PAY FREQ. 40	PAY TYPE 1	T.C. STATUS 0	VAC ACCRUAL METH. 0	SICK I V. ACC. METH. TABLE 0									
STD. HOURS A 80.00	STD. HOURS B 999.99	SALARY/RATE 8.160000	HOURLY RATE	O.T. STATUS 5	O.T. TYPE 3	OVERTIME 1 RATE/FACTOR 1.500	OVERTIME 2 RATE/FACTOR 2.000	SHIFT CODE 4	SHIFT CONTROL 1 9	SHIFT CONTROL 2 4	SHIFT 2 RATE/AMT. OR PCT.	SHIFT 3 RATE/AMT. OR PCT.	DATE A	DATE B 11/02/95	DATE C	DATE D	ELIG. DATE 1	ELIG. DATE 2	ELIG. DATE 3					
PAY NO.	AUTO HRS.	CHK IND.	TAX IND.	DED IND.	RATE/AMOUNT	PAY NO.	AUTO HRS.	CHK IND.	TAX IND.	DED IND.	RATE/AMOUNT	STD. HRS PER DAY 8.0	SUI STATUS 4	BONUS SPECIAL PAY TAX PERCENTAGE										
SUI STA. CODE 34	(FIT) MAR STATUS 2	FIT STATUS 4	FIT/NO. EXEMPT AMT. OR PCT. 0	FIT/ADD AMT. OR PCT. N/A	FICA STATUS 4	FUTA STATUS 4	COUNTRY 1	RESIDENCE STATE 34	LOCAL	FIT	SIT	LOCAL	STATE	LOCAL	PERCENT DISTRIB. 999	SIT STATUS 4	SIT/NO. EXEMPT AMT. OR PCT.	SIT/ADD AMT. OR PCT.	LOCAL STATUS 1	LOCAL/NO. EX AMT. OR PCT.	LOCAL ADD AMT. OR PCT.	TAX UNIT 1	DI STATUS 1	MARITAL STATUS 2

CONSTANT ONE	CONSTANT TWO	CONSTANT THREE	CONSTANT FOUR	CONSTANT FIVE	CONSTANT SIX	CONSTANT SEVEN
--------------	--------------	----------------	---------------	---------------	--------------	----------------

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
						0	0	0	S	7	0	5	2	0		0	2	1	0

DEDUCTIONS											
DED. NO.	NAME	FREQ.	AMOUNT	GOAL	UTILITY	DED. NO.	NAME	FREQ.	AMOUNT	GOAL	UTILITY
12	MED INS	09	828		122221	13	DENTAL	09	96		122221
40	A&S	09	336								

EMPLOYEE MASTER FILE SNAPSHOT

18:13

CO NO	COMPANY NAME	DATE	PAGE	WORK COUNTRY CODE	TAX UNIT
210	PRECISION FABRICS GROUP--GREENSBORO PLANT	10/24/95	1	1	01
EMPLOYEE NAME	EMPLOYEE NUMBER	TCD	SOCIAL SECURITY NO.	DIV.	OFF.
THEODORE M KIMBLE		0		814	800
P.O. BOX, APT. OR SUITE NO.	STREET NUMBER AND NAME	CITY	STATE	ZIP CODE	DEPT.
	POST OFFICE BOX 160	PLEASANT GARD	NC	27313	820
					38

BANK NO. ONE	BANK NO. TWO	BANK NO. THREE	ACCOUNT NO. ONE	ACCOUNT NO. TWO	ACCOUNT NO. THREE
ACCOUNT NO. FOUR	ACCOUNT NO. FIVE	COMPANY BANK NUMBER	CHECK ADDRESS	CREDIT ASSN	STD. LABOR DISTRIBUTION CODE
					382971

HOME TELEPHONE AREA NUMBER	BUSINESS TELEPHONE AREA NUMBER	LAST REVIEW DATE	LAST STATUS CHANGE DATE	LAST SALARY CHANGE DATE	ANNUALIZED AMT. OF LAST SALARY CHANGE
9106741148			10/19/95		
BIRTH DATE	EMPLOYMENT DATE	CONTINUOUS SVCE. DATE	TERMINATION DATE	TERM CODE	RETIREMENT DATE
12/08/69	09/18/95				10/16/95
LEAVE START DATE					LEAVE RETURN DATE
					11/20/95
JOB DESCRIPTION/SPOUSE'S NAME	MIL STATUS	SEX	JOB CLASS	JOB TYPE	SAL RANGE
LAMINATOR-MA I		M	7B	7B	01 01
ESTAB NUMBER	WKMN COMP CODE	STATUS CODE	PAY FREQ	PAY TYPE	T.C. STATUS
1814	2413	2	40	1	0
VAC. ACCRUAL METH.	SICK 1 V. ACC. METH.	SICK 2 V. ACC. METH.			
		0			
STD. HOURS A	STD. HOURS B	SALARY RATE	HOURLY RATE	O.T. STATUS	O.T. TYPE
80.00	999.99	6.650000		5	3
OVERTIME 1 RATE/FACTOR	OVERTIME 2 RATE/FACTOR	SHIFT CODE	SHIFT CONTROL 1	SHIFT CONTROL 2	SHIFT 2 RATE/AMT. OR PCT.
1.500	2.000	4	9	4	
DATE A	DATE B	DATE C	DATE D	ELIG. DATE 1	ELIG. DATE 2
		10/24/95			
PAY NO.	AUTO HRS.	CHK IND.	TAX IND.	DED IND.	RATE/AMOUNT
PAY NO.	AUTO HRS.	CHK IND.	TAX IND.	DED IND.	RATE/AMOUNT
STD HRS PER DAY	SUI STATUS	BONUS SPECIAL PAY TAX PERCENTAGE			
8.0	4				
SUI STA CODE	(FIT) MAR STATUS	FIT STATUS	FIT/NO EXEMPT AMT OR PCT.	FIT/ADD. AMT. OR PCT.	FICA STATUS
34	2	4	0	N/A	4
COUNTRY	RESIDENCE STATE	LOCAL	FIT	SIT	LOCAL
1	34				
WORK STATE	LOCAL	PERCENT DISTRIB.	SIT STATUS	SIT/NO EXEMPT AMT. OR PCT.	SIT/ADD. AMT. OR PCT.
34		999	4		
LOCAL STATUS	LOCAL/NO. EX. AMT. OR PCT.	LOCAL ADD. AMT. OR PCT.	TAX UNIT	DI STATUS	MARITAL STATUS
1			1	1	2

CONSTANT ONE	CONSTANT TWO	CONSTANT THREE	CONSTANT FOUR	CONSTANT FIVE	CONSTANT SIX	CONSTANT SEVEN

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
						0	0	0	5	7	0	5	2	0		0	2	1	0

DEDUCTIONS											
DED. NO.	NAME	FREQ.	AMOUNT	GOAL	UTILITY	DED. NO.	NAME	FREQ.	AMOUNT	GOAL	UTILITY
12	MED INS	09	828		122221	13	DENTAL	09	96		122221
40	A&S	00	336								

EMPLOYEE MASTER FILE SNAPSHOT

18:24

CO. NO. 210	COMPANY NAME PRECISION FABRICS GROUP--GREENSBORO PLANT	DATE 10/23/95	PAGE 1	WORK COUNTRY CODE 1	TAX UNIT 01
EMPLOYEE NAME THEODORE M KIMBLE		EMPLOYEE NUMBER	TCD 0	SOCIAL SECURITY NO. 814 800	
P.O. BOX, APT. OR SUITE NO.	STREET NUMBER AND NAME POST OFFICE BOX 160	CITY PLEASANT GARD	STATE NC	ZIP CODE 27313	DEPT. SECT. 820 38

BANK NO. ONE	BANK NO. TWO	BANK NO. THREE	ACCOUNT NO. ONE	ACCOUNT NO. TWO	ACCOUNT NO. THREE
ACCOUNT NO. FOUR	ACCOUNT NO. FIVE	COMPANY BANK NUMBER	CHECK ADDRESS	CREDIT ASSN	STD. LABOR DISTRIBUTION CODE 382971

HOME TELEPHONE AREA NUMBER 9106741148	BUSINESS TELEPHONE AREA NUMBER	LAST REVIEW DATE 10/19/95	LAST STATUS CHANGE DATE	LAST SALARY CHANGE DATE	ANNUALIZED AMT. OF LAST SALARY CHANGE																
BIRTH DATE 12/08/69	EMPLOYMENT DATE 09/18/95	CONTINUOUS SVCE. DATE	TERMINATION DATE	TERM CODE	RETIREMENT DATE	LEAVE START DATE 10/16/95	LEAVE RETURN DATE 11/20/95														
JOB DESCRIPTION/SPOUSE'S NAME LAMINATOR-MA I		MIL STATUS	SEX M	JOB CLASS 7B	JOB TYPE 7B	SAL RANGE 01	SAL GRADE 01	ESTAB NUMBER 1814	WKMH COMP CODE 2413	STATUS CODE 2	PAY FREQ. 40	PAY TYPE 1	T.C. STATUS 0	VAC. ACCURAL METH. TABLE	SICK I.V. ACC. METH. TABLE 0						
STD. HOURS A 80.00	STD. HOURS B 999.99	SALARY/RATE 6.650000	HOURLY RATE	O.T. STATUS 5	O.T. TYPE 3	OVERTIME 1 RATE/FACTOR 1.500	OVERTIME 2 RATE/FACTOR 2.000	SHIFT CODE 4	SHIFT CONTROL 1 9	SHIFT CONTROL 2 4	SHIFT 2 RATE/AMT. OR PCT.	SHIFT 3 RATE/AMT. OR PCT.	DATE A	DATE B CODE	DATE B	DATE C	DATE D	ELIG. DATE 1	ELIG. DATE 2	ELIG. DATE 3	
PAY NO.	AUTO HRS.	CHK IND.	TAX IND.	DED IND.	RATE/AMOUNT	PAY NO.	AUTO HRS.	CHK IND.	TAX IND.	DED IND.	RATE/AMOUNT	STD. HRS PER DAY 8.0	SUI STATUS 4	BONUS SPECIAL PAY TAX PERCENTAGE							
SUI STA CODE 34	(FIT) MAR STATUS 2	FIT STATUS 4	FIT/NO. EXEMPT AMT. OR PCT. 0	FIT/ADD. AMT. OR PCT. N/A	FICA STATUS 4	FUTA STATUS 4	COUNTRY 1	RESIDENCE STATE 34	LOCAL	FIT	SIT	LOCAL									
WORK STATE 34	LOCAL	PERCENT DISTRIB 999	SIT STATUS 4	SIT/NO. EXEMPT AMT. OR PCT.	SIT/ADD. AMT. OR PCT.	LOCAL STATUS 1	LOCAL/NO. EX AMT. OR PCT.	LOCAL ADD. AMT. OR PCT.	TAX UNIT 1	DI STATUS 1	MARITAL STATUS 2										

CONSTANT ONE	CONSTANT TWO	CONSTANT THREE	CONSTANT FOUR	CONSTANT FIVE	CONSTANT SIX	CONSTANT SEVEN
--------------	--------------	----------------	---------------	---------------	--------------	----------------

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
						0	0	0	S	7	0	5	2	0		0	2	1	0

DEDUCTIONS

DED. NO.	NAME	FREQ.	AMOUNT	GOAL	UTILITY	DED. NO.	NAME	FREQ.	AMOUNT	GOAL	UTILITY
12	MED INS	09	828		122221	13	DENTAL	09	96		122221
40	A&S	00	336								

EMPLOYEE MASTER FILE SNAPSHOT

17:19

EMPLOYEE ID	CO. NO.	COMPANY NAME	DATE	PAGE	WORK COUNTRY CODE	TAX UNIT	
	210	PRECISION FABRICS GROUP--GREENSBORO PLANT	10/17/95	1	1	01	
	EMPLOYEE NAME		EMPLOYEE NUMBER	TCD	SOCIAL SECURITY NO.	DIV.	OFF.
THEODORE		M KIMBLE		0	814	800	
P.O. BOX, APT. OR SUITE NO.		STREET NUMBER AND NAME	CITY	STATE	ZIP CODE	DEPT	SECT.
		POST OFFICE BOX 160	PLEASANT GARD	NC	27313	820	38

BANK NO. ONE	BANK NO. TWO	BANK NO. THREE	ACCOUNT NO. ONE	ACCOUNT NO. TWO	ACCOUNT NO. THREE		
ACCOUNT NO. FOUR		ACCOUNT NO. FIVE		COMPANY BANK NUMBER	CHECK ADDRESS	CREDIT ASSN	STD. LABOR DISTRIBUTION CODE
							382971

HOME TELEPHONE AREA NUMBER	BUSINESS TELEPHONE AREA NUMBER	LAST REVIEW DATE	LAST STATUS CHANGE DATE	LAST SALARY CHANGE DATE	ANNUALIZED AMT. OF LAST SALARY CHANGE														
9106741148																			
BIRTH DATE	EMPLOYMENT DATE	CONTINUOUS SVCE DATE	TERMINATION DATE	TERM CODE	RETIREMENT DATE	LEAVE START DATE	LEAVE RETURN DATE												
12/08/69	09/18/95																		
JOB DESCRIPTION/SPOUSE'S NAME			MIL STATUS	SEX	JOB CLASS	JOB TYPE	SAL RANGE	SAL GRADE	ESTAB NUMBER	WKMN COMP CODE	STATUS CODE	PAY FREQ	PAY TYPE	T.C. STATUS	VAC. ACCUR. METH.	ACCUR. TABLE	SICK I.V. ACC. METH.	TABLE	
LAMINATOR-MA I				M	7B	7B	01	01	1814	2413	1	40	1	0					0
STD. HOURS A	STD. HOURS B	SALARY RATE		HOURLY RATE		O.T. STATUS	O.T. TYPE	OVERTIME 1 RATE/FACTOR		OVERTIME 2 RATE/FACTOR		SHIFT CODE	SHIFT CONTROL 1	SHIFT CONTROL 2	SHIFT 2 RATE/AMT. OR PCT.				
80.00	999.99	6.650000				5	3	1.500		2.000		4	9	4					
SHIFT 3 RATE/AMT. OR PCT.	DATE A	DATE B	DATE C	DATE D	ELIG. DATE 1	ELIG. DATE 2	ELIG. DATE 3												
			10/16/95																
PAY NO.	AUTO HRS.	CHK. IND.	TAX IND.	DED. IND.	RATE/AMOUNT	PAY NO.	AUTO HRS.	CHK. IND.	TAX IND.	DED. IND.	RATE/AMOUNT	STD. HRS PER DAY	SUI STATUS	BONUS SPECIAL PAY TAX PERCENTAGE					
												8.0	4						
SUI STA. CODE	(FIT) MAR. STATUS	FIT STATUS	FIT/NO. EXEMPT AMT. OR PCT	FIT/ADD AMT OR PCT	FICA STATUS	FUTA STATUS	COUNTRY	RESIDENCE STATE	LOCAL	FIT	SIT	LOCAL							
34	2	4	0	N/A	4	4	1	34											
STATE	WORK LOCAL	PERCENT DISTRIB	SIT STATUS	SIT/NO. EXEMPT AMT OR PCT	SIT/ADD AMT OR PCT	LOCAL STATUS	LOCAL/NO. EX AMT OR PCT	LOCAL ADD. AMT. OR PCT.	TAX UNIT	DI STATUS	MARITAL STATUS								
34		999	4			1			1	1	2								

CONSTANT ONE	CONSTANT TWO	CONSTANT THREE	CONSTANT FOUR	CONSTANT FIVE	CONSTANT SIX	CONSTANT SEVEN

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
						0	0	0	S	7	0	5	2	0			2	1	0

DEDUCTIONS											
DED. NO.	NAME	FREQ.	AMOUNT	GOAL	UTILITY	DED. NO.	NAME	FREQ.	AMOUNT	GOAL	UTILITY
40	A&S	00	336								

EMPLOYEE MASTER FILE SNAPSHOT

17:29

CO NO 210	COMPANY NAME PRECISION FABRICS GROUP---GREENSBORO PLANT	DATE 09/25/95	PAGE 1	WORK COUNTRY CODE 1	TAX UNIT 01
EMPLOYEE NAME THEODORE M KIMBLE		EMPLOYEE NUMBER 0	SOCIAL SECURITY NO.		DIV 814
OFFICE ADDRESS POST OFFICE BOX 160		CITY PLEASANT GARD	STATE NC	ZIP CODE 27313	DEPT. 820
					SECT. 38

BANK NO. ONE	BANK NO. TWO	BANK NO. THREE	ACCOUNT NO. ONE	ACCOUNT NO. TWO	ACCOUNT NO. THREE
ACCOUNT NO. FOUR	ACCOUNT NO. FIVE	COMPANY BANK NUMBER	CHECK ADDRESS	CREDIT ASSN	STD. LABOR DISTRIBUTION CODE 382971

HOME TELEPHONE AREA NUMBER 9106741148	BUSINESS TELEPHONE AREA NUMBER	LAST REVIEW DATE	LAST STATUS CHANGE DATE	LAST SALARY CHANGE DATE	ANNUALIZED AMT OF LAST SALARY CHANGE
BIRTH DATE 12/08/69	EMPLOYMENT DATE 09/18/95	CONTINUOUS SVCE DATE	TERMINATION DATE	TERM CODE	RETIREMENT DATE
JOB DESCRIPTION/SPOUSE'S NAME LAMINATOR-MA I		MIL STATUS	SEX M	JOB CLASS 7B	JOB TYPE 7B
STD. HOURS A 80.00	STD. HOURS B 999.99	SALARY/RATE 6.650000	HOURLY RATE	O.T STATUS 5	O.T TYPE 3
ESTAB NUMBER 1814	WK/MN COMP CODE 2413	STATUS CODE 1	PAY FREQ 40	PAY TYPE 1	T.C STATUS 0
VAC ACCRUAL METH	ACCURAL TABLE	SICK I V ACC METH	SICK I V ACC TABLE		
SHIFT 3 RATE/AMT OR PCT.	DATE A	DATE B CODE	DATE B	DATE C	DATE D
			09/19/95	09/18/95	
PAY NO	AUTO HRS	CHK IND	TAX IND	DED IND	RATE/AMOUNT
					8.0
SUI STA CODE 34	(FIT) MAR STATUS 2	FIT STATUS 4	FIT/NO. EXEMPT AMT. OR PCT. 0	FIT/ADD. AMT. OR PCT. N/A	FICA STATUS 4
FUTA STATUS 4	COUNTRY 1	RESIDENCE STATE 34	LOCAL	FIT	SIT
LOCAL	LOCAL/NO. EX AMT. OR PCT.	LOCAL ADD. AMT. OR PCT.	TAX UNIT 1	DI STATUS 1	MARITAL STATUS 2

CONSTANT ONE	CONSTANT TWO	CONSTANT THREE	CONSTANT FOUR	CONSTANT FIVE	CONSTANT SIX	CONSTANT SEVEN
--------------	--------------	----------------	---------------	---------------	--------------	----------------

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
						0	0	0	S	7	0	5	2	0			2	1	0

DEDUCTIONS

DED. NO.	NAME	FREQ	AMOUNT	GOAL	UTILITY	DED. NO.	NAME	FREQ	AMOUNT	GOAL	UTILITY
40	A&S	00	336								



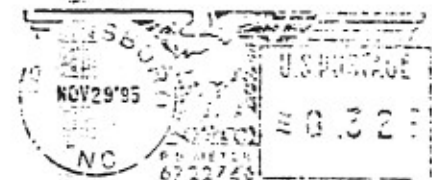
PRECISION FABRICS GROUP INC. GREENSBORO PLANT
 301 EAST MEADOWVIEW ROAD
 P.O. BOX 21448
 GREENSBORO, N.C. 27420-1448



MR. TED KIMBLE
 PO BOX 160
 PLEASANT GARDEN NC
 27313



PRECISION FABRICS GROUP INC. GREENSBORO PLANT
 301 EAST MEADOWVIEW ROAD
 P.O. BOX 21448
 GREENSBORO, N.C. 27420-1448



PRECISION FABRICS GROUP, INC.
 GREENSBORO PLANT
 P.O. BOX 21448
 GREENSBORO, NC 27420-1448

ATTN: LBRADSHER

TERMINATION RECORD

Date: 11/27/95

Associate Name: Ted M. Kimble

Supervisor: Phil Harris

Department: Lamination

Shift: 2nd

TERMINATION INFORMATION

QUIT ✓	LACK OF WORK	OTHER	DISCHARGED	LAST DATE WORKED 10/9/95
-----------	--------------	-------	------------	-----------------------------

REASON:

Voluntary termination due to personal concerns.

WORK RECORD

PRODUCTION QUALITY ATTENDANCE COOPERATION/
ATTITUDE WOULD NOT REHIRE—EXPLAIN

OUTSTANDING				✓	
VERY GOOD	✓	✓	✓		
GOOD SOLID					
FAIR					
MARGINAL					