

SWISHER®

Swisher Acquisition Inc.

1602 Corporate Drive | Warrensburg, MO 64093 | 800.222.8183 | Fax: 660.747.8650 | www.swisherinc.com

Max Swisher develops an easier way to Mow!



The first Riding Lawn Mower
(1955) by Swisher.



The first Self-Propelled Mower
(1945) by Swisher.

Max Swisher's Vision Continues

- More than 65 years later, the Swisher brand has become a leader in the power equipment industry.
- In 2010, Swisher Acquisition, Inc (SAI) was founded.
- SAI has provided needed liquidity to the business and has established an experienced, forward-thinking, management team to lead Swisher into the future.

Past to the Present



Then

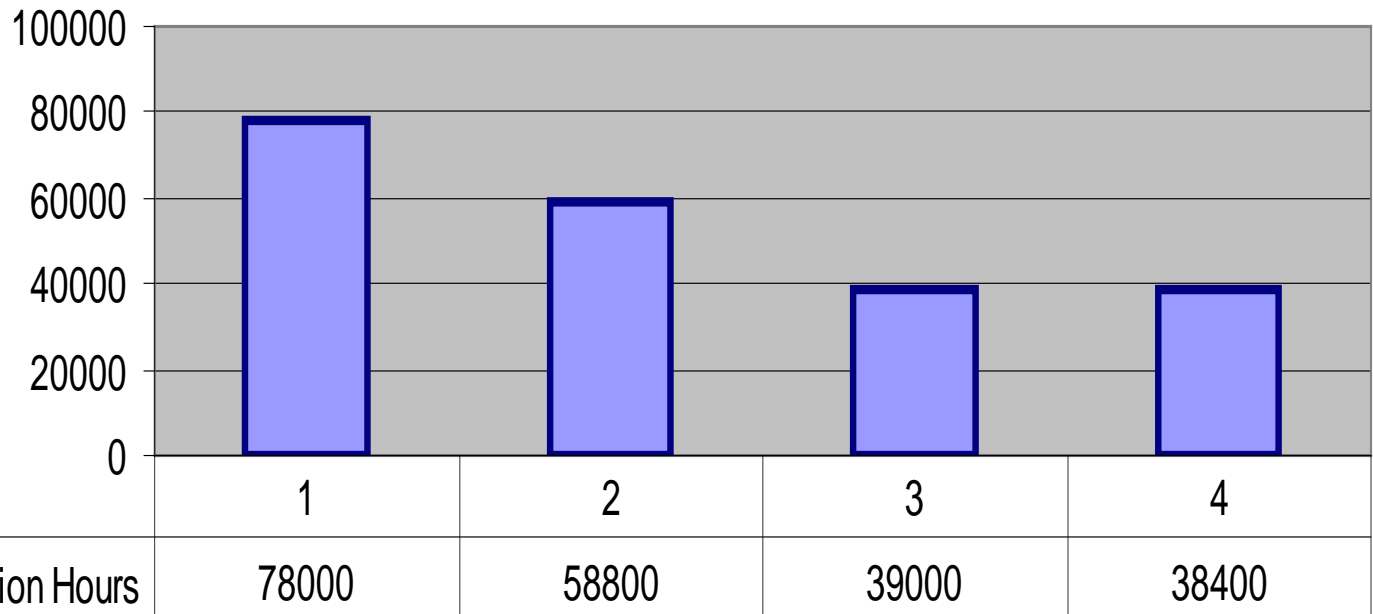


Now

How does the Shared Work Program work for our Company?

- We are a Demand Driven Manufacturer
- Production / Manpower demands fluctuate throughout the year.
- Provides Flexibility to different functional areas of the business.

Production Hours By Quarter



Manpower Production Demands

What is our Process for Shared Work Enrollment?

- At the time of hiring and completing the new hire paperwork, the Shared Work enrollment form is included.
- So every new hire is enrolled by default into the program.



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
EMPLOYEE INFORMATION – SHARED WORK PLAN

AGENCY USE ONLY
PLAN NO.

EMPLOYER NAME Swisher Acquisition Inc. 0537400		AFFECTED UNIT		
		DATE		
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER		
MAILING ADDRESS	CITY	STATE	ZIP CODE	COUNTY RESIDENCE
BIRTH DATE (Mo., Day, Yr.)	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU RECEIVING A PENSION? <input type="checkbox"/> Yes <input type="checkbox"/> No	REGULAR WEEKLY WORK HOURS _____ Hrs.

I hereby give permission to the Missouri Division of Employment Security to file for me an initial claim for unemployment insurance benefits if needed to participate in the Shared Work Plan. I understand this claim will be effective the first week of reduced work hours following approval of the plan.

SIGNATURE _____

Filing Employees' Shared Work Hours

MISSOURI DIVISION OF EMPLOYMENT SECURITY
SHARED WORK BI-WEEKLY CERTIFICATION

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SWISHER ACQUISITION INC *
UNIT -- COMPANY

PLAN NUMBER 0640100

DATE MAILED 06/01/16

EMPLOYEE IDENTIFICATION	WEEK ENDING	HOURS WORKED	IF THE ADDRESS SHOWN IS NOT CORRECT, ENTER NEW ADDRESS UNDER THIS COLUMN.			
	05/28/16	_____	<input type="checkbox"/> Refused Work	<input type="checkbox"/> Quit	<input type="checkbox"/> Fired	Date _____
	06/04/16	_____	<input type="checkbox"/> Delete			
			<input type="checkbox"/> New Address	_____		
	05/28/16	_____	<input type="checkbox"/> Refused Work	<input type="checkbox"/> Quit	<input type="checkbox"/> Fired	Date _____
	06/04/16	32.0	<input type="checkbox"/> Delete			
			<input type="checkbox"/> New Address	_____		
	05/28/16	_____	<input type="checkbox"/> Refused Work	<input type="checkbox"/> Quit	<input type="checkbox"/> Fired	Date _____
	06/04/16	_____	<input type="checkbox"/> Delete			
			<input type="checkbox"/> New Address	_____		

Questions



Thank You

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IT / HR Director

Swisher Acquisition Inc

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