

June 27, 2016

**Re: Notice of Potential Breach of Personal Identifying Information**

[Name]  
[Address]  
[Address]

Dear [Name]:

We are writing to notify you of a breach of security that has resulted in the potential disclosure of your personal identifying information. Gamesa Wind US, LLC. (the “**Company**”) has discovered that personal identifying information of certain Company employees was improperly obtained by an unauthorized third party. The Company is committed to fully protecting all of the information that you have entrusted to us. Below is a description of how this situation occurred and what the Company is doing to mitigate the risk of fraud and identity theft. Importantly, please note that, immediately upon discovering this issue, the Company reported and/or is in the process of reporting it to both federal and state law enforcement authorities, including the FBI and IRS, and is actively cooperating with their criminal investigations. As such, we request that you keep this matter confidential unless instructed otherwise, and your cooperation with the criminal investigation may be needed.

As an additional precaution, we have made arrangements to provide you with a **free** twenty four (24) month subscription to Legal Shield, a comprehensive identity theft protection program. This subscription is being fully paid for by the Company. This product helps detect possible misuse of your personal information and provides you with identity protection support focused on immediate identification and resolution of identity theft. If you have a Company email address, you will receive an email notification from Legal Shield that contains your membership number and a web site link to activate your monitoring subscription. If you do not have a Company email you will receive a welcome kit in the mail with registration instructions. If you do not receive a communication from Legal Shield within the next ten (10) business days, if you have questions regarding your subscription, or if you experience or discover any fraudulent or identity theft activities on your personal accounts, please call Legal Shield immediately at 888-494-8519.

**What Happened**

On Friday June 17, 2016, we learned that earlier on the same day, an employee of the Company, while traveling on business, received a spoofed “phishing” email message constructed to appear as if it came from Ignacio Martin, Executive Chairman of the Company’s global parent company Gamesa Corporacion Tecnologica, S.A. This employee, thinking they were responding to a legitimate request from the Executive Chairman for US payroll and tax records, provided to the unknown third party behind the phishing email the Company’s 2015 W-2 forms, including your 2015 W-2. The W-2 forms that were released contain employees’ names, addresses, social security numbers, and total wages earned and taxes withheld for 2015. Phishing emails like this one are an attempt by an individual or group to obtain personal information from unsuspecting users by employing deception. Phishing emails are crafted to trick the recipient by appearing as if they have been sent from a legitimate sender.

**What We Are Doing**

Upon discovery of the data breach, the Company promptly took action to assess, contain, investigate, and remedy the data breach, including by: (i) reporting the incident to law enforcement and state attorney generals; (ii) reporting the incident to the FBI and IRS; (iii) investigating how this incident occurred and engaging outside professionals to assist in assessing ways to prevent or guard against future incidents; and (iv) engaging a reputable national service to provide all affected individuals in a 24-month identity theft protection and monitoring program.

**Additional Steps You Can Take to Protect Your Identity**

As a precaution, we recommend that you take additional measures to protect your identity. One step you can take is to place a fraud alert or a security freeze on your credit file. Fraud alerts tell creditors to contact you before they

open any new accounts or change your existing accounts. A security freeze may require payment of a nominal fee to the credit reporting agency whom you request to place a security freeze on your credit file. The fee to place a security freeze varies based on where you live. You may place a fraud alert or security freeze on your credit file by calling just one (1) of the three (3) nationwide credit reporting agencies listed below. As soon as that agency processes your fraud alert or security freeze, it will notify the other two agencies, which then must also place fraud alerts in your file. You can contact the credit reporting agencies directly at:

Equifax Equifax Credit Information Services, Inc. P.O. Box 740241 Atlanta, Georgia 30374 (800) 525-6285 <a href="http://www.equifax.com">www.equifax.com</a>	Experian (888) 397-3742 Experian P.O. Box 9554 Allen, Texas 75013 <a href="http://www.experian.com/fraud">www.experian.com/fraud</a>	TransUnion TransUnion LLC P.O. Box 2000 Chester, Pennsylvania 19022 (800) 680-7289 <a href="http://www.fraud.transunion.com">www.fraud.transunion.com</a>
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To place a security freeze on your credit file, you will need to supply your name, address, date of birth, Social Security number and other personal information. After receiving your request, each credit reporting agency will send you a confirmation letter containing a unique PIN or password that you will need in order to lift or remove the freeze. You should keep the PIN or password in a safe place.

Even if you do not find any suspicious activity on your initial credit reports, the Federal Trade Commission (FTC) recommends that you check your credit reports periodically. Stolen information sometimes is held for use or shared among a group of thieves at different times. Checking your credit reports periodically can help you spot problems and address them quickly.

If you find suspicious activity on your credit reports or have reason to believe your information is being misused, you should contact local law enforcement, file a police report, and file a complaint with the FTC at: Federal Trade Commission, 600 Pennsylvania Avenue NW, Washington, D.C., 20580, [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft), (877) ID-THEFT [(877) 438-4338]. Your complaint will be added to the FTC's Identity Theft Clearinghouse, where it will be accessible to law enforcers for their investigation. Be sure to get a copy of the police report because many creditors want the information it contains as a condition of relieving you of fraudulent debts. The FTC's website provides additional information to protect yourself.

As a further proactive measure, we also recommend that you file with the IRS an Identity Theft Affidavit (Form 14039), which is enclosed with this letter and available online at <http://www.irs.gov/pub/irs-pdf/f14039.pdf>. This form would put the IRS on notice that your personal tax information may have been compromised placing you at risk of identity theft. Both the FTC and IRS generally recommend that individuals who believe they may be at risk of taxpayer refund fraud or identity theft should complete and submit to the IRS Form 14039.

You also have the right to file and obtain a police report if you so choose through your local or state police department. More information about data breaches, credit reports and steps to prevent identity theft may be available through the office of the Attorney General in your state of residence.

We apologize for any inconvenience this incident may have caused you. Be sure to remain vigilant over the next 12 to 24 months and please contact Legal Shield if you have any questions. The Company's contact person regarding this matter for current and past employees is David Dadoun, and he/she can be reached at (215) 710-3314.

Sincerely,



David Dadoun, Human Resources Director  
 Gamesa Wind US, LLC

Enclosure (IRS form 14039)

# Identity Theft Affidavit

Complete this form if you need the IRS to mark an account to identify questionable activity.

**Section A - Check the following boxes in this section that apply to the specific situation you are reporting** (Required for all filers)

- 1. I am submitting this Form 14039 for myself
- 2. I am submitting this Form 14039 in response to a mailed 'Notice' or 'Letter' received from the IRS. If person in **Section C** received IRS 'Notice CP 2000', or other IRS Notice questioning income, follow the instructions on that IRS 'Notice' or 'Letter'.
  - Please provide 'Notice' or 'Letter' number(s) on the **line to the right** \_\_\_\_\_
- 3. I am submitting this Form 14039 on behalf of my dependent.  
Please complete **Section F** on reverse side of this form.  
**Caution:** If you are filing this on behalf of a Minor or Dependent, filing this form will protect his or her tax account but it will **not** prevent the dependent in **Section C** below from being claimed as a dependent by another person.
- 4. I am submitting this Form 14039 on behalf of another person (*other than my dependent*).
  - Please complete **Section F** on reverse side of this form.

**Section B - Reason For Filing This Form** (Required)

Check only **ONE** of the following boxes that apply to the person listed in **Section C** below.

- 1. **Federal tax records affected** and I am a victim of identity theft
- 2. **Federal tax records not affected** and I am a victim of identity theft, or an event has affected/compromised my personal information placing me at-risk to be a future victim of identity theft.

**Please provide an explanation** of the identity theft issue, how you became aware of it and provide relevant dates.

**Section C - Name and Contact Information of Identity Theft Victim or Potential Victim** (Required)

Taxpayer's last name	First name	Middle initial	<b>Taxpayer Identification Number</b> (Please provide your 9-digit SSN or ITIN)
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**Current mailing address** (*apartment or suite number and street, or P.O. Box*) If deceased, please provide last known address.

City	State	ZIP code
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<b>Tax Year(s) in which you experienced identity theft</b> ( <i>If not known, enter 'Unknown' in one of the boxes below</i> )	<b>Last tax year a return was filed</b>							
<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>								

<b>Address used on last filed tax return</b> ( <i>If different than 'Current'</i> )	<b>Names used on last filed tax return</b> ( <i>If different than 'Current'</i> )
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City (on last tax return filed)	State	ZIP code
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<b>Telephone number with area code</b> ( <i>Optional</i> ) <i>If deceased, please indicate 'Deceased'</i>	Best time(s) to call
Home telephone number                      Cell phone number	

**Language in which you would like to be contacted**       English       Spanish

**Section D - State or Federal Issued Identification** (Required)

Submit this completed form and a **clear and legible** photocopy of **at least one of the following** documents to verify the identity of the person listed in **Section C** above. **If necessary, enlarge photocopies so all information is clearly visible.**

Check the box next to the document(s) you are submitting:

- Driver's license       Social Security Card       Passport       Valid U.S. Federal or State government issued identification\*\*

\*\* Federal employees should not copy his or her employee identification cards as 18 U.S.C. prohibits doing so.

**Section E - Penalty of Perjury Statement and Signature** (Required)

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered on this Form 14039 is true, correct, complete, and made in good faith.

<b>Signature of taxpayer, or representative, conservator, parent or guardian</b>	Date signed
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**Section F – Representative, conservator, parent or guardian information** (Required if completing Form 14039 on someone else's behalf)

Check only **ONE** of the following five boxes next to the reason you are submitting this form

- 1. The taxpayer is deceased and I am the surviving spouse.** (No attachments are required, including death certificate)
- 2. The taxpayer is deceased and I am the court-appointed or certified personal representative.**  
Attach a copy of the court certificate showing your appointment.
- 3. The taxpayer is deceased and a court-appointed or certified personal representative has not been appointed.**
  - o Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.
  - o Indicate your relationship to decedent:  Spouse  Child  Parent/Legal Guardian  Other \_\_\_\_\_
- 4. The taxpayer is unable to complete this form and I am the appointed conservator or have Power of Attorney/Declaration of Representative authorization per IRS Form 2848.**
  - o Attach a **copy** of documentation showing your appointment as conservator or POA authorization.
  - o If you have an IRS issued **Centralized Authorization File (CAF) number, enter the nine-digit number:**  
\_\_\_\_\_
- 5. The victim or potential victim is a 'minor'. 'Minor' as defined per the state in which 'minor' resides.**  
By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the child's behalf.
  - o Indicate your relationship to minor:  Parent/Legal Guardian  Fiduciary Relationship per IRS Form 56  
 Power of Attorney  Other \_\_\_\_\_

Representative's name

Last name	First name	Middle initial
Last four digits of Representative's Taxpayer ID number	Representative's telephone number (include area code)	

Representative's current mailing address (apt., suite no. and street, or P.O. Box)

City	State	ZIP code
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**Instructions for Submitting this Form**

Submit this to the IRS via **Mail** or **FAX** to specialized IRS processing areas dedicated to assist you. In **Section C** of this form, be sure to include your Social Security Number or Individual Taxpayer Identification Number in the 'Taxpayer Identification Number' field.

**Help us avoid delays:**

Choose one method of submitting this form either by Mail or by FAX, not both. Please provide clear and readable photocopies. Note that 'tax returns' may not be submitted to either the mailing address or FAX number provided below.

Submitting by Mail	Submitting by FAX
<ul style="list-style-type: none"> <li>• If you checked <b>Box 1</b> in <b>Section B</b> of <b>Form 14039</b>, are unable to file your tax return electronically because the primary and/or secondary SSN was misused, attach <b>Form 14039</b> and documentation to your paper tax return and submit to the IRS location where you normally file your tax return. If you have already filed your paper return, submit this <b>Form 14039</b> and documentation to the IRS location where you normally file. Refer to the 'Where Do You File' section of your return instructions or visit <a href="http://IRS.gov">IRS.gov</a> and input the search term 'Where to File'.</li> <li>• If you checked <b>Box 1</b> in <b>Section B</b> and are submitting this <b>Form 14039</b> in response to a notice or letter received from the IRS, return this form and documentation with a copy of the notice or letter to the address contained in the notice or letter.</li> <li>• If you checked <b>Box 2</b> in <b>Section B</b> of <b>Form 14039</b> (no current tax-related issue), mail this form and documentation to: <b>Internal Revenue Service</b> Fresno, CA 93888-0025</li> </ul>	<ul style="list-style-type: none"> <li>• If you checked <b>Box 1</b> in <b>Section B</b> of <b>Form 14039</b> and are submitting this form in response to a notice or letter received from the IRS that shows a reply FAX number, FAX completed <b>Form 14039</b> and documentation with a copy of the notice or letter to that number.</li> <li>• Include a cover sheet marked '<b>Confidential</b>'. If no FAX number is shown on the notice or letter, follow the mailing instructions on the notice or letter.</li> <li>• If you checked <b>Box 2</b> in <b>Section B</b> of <b>Form 14039</b> (no current tax-related issue), FAX this form and documentation toll-free to: <b>855-807-5720</b></li> </ul>

**Privacy Act and Paperwork Reduction Notice**

Our legal authority to request the information is 26 U.S.C. 6001. The primary purpose of the form is to provide a method of reporting identity theft issues to the IRS so that the IRS may document situations where individuals are or may be victims of identity theft. Additional purposes include the use in the determination of proper tax liability and to relieve taxpayer burden. The information may be disclosed only as provided by 26 U.S.C. 6103. Providing the information on this form is voluntary. However, if you do not provide the information it may be more difficult to assist you in resolving your identity theft issue. If you are a potential victim of identity theft and do not provide the required substantiation information, we may not be able to place a marker on your account to assist with future protection. If you are a victim of identity theft and do not provide the required information, it may be difficult for IRS to determine your correct tax liability. If you intentionally provide false information, you may be subject to criminal penalties. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send this form to this address. Instead, see the form for filing instructions. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.