

# Agreement and Activities Report

## U.S. Department of Labor

Employment Standards Administration

Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Form approved - OMB No. 1215-0188  
Expires 07-31-2004

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. 569

### A. Person Filing

1. Name and mailing address (include ZIP code): Interlate Systems, Inc. 145 S. Lincolnway North Aurora, IL 60542	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: 12/31/03	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

### B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Painters USA, Inc. 1275 W. Roosevelt Rd., Suite 105 West Chicago, IL 60185	6. Date entered into: On or about August 26, 2003
7. Names of persons through whom made: Paul Cook	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.	
9. Terms and conditions (Explain in detail; see Part 8-9 of instructions): Paid for translation & communication services on an hourly rate.	

### C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):	
a. Nature of activity: No written contract executed. Our assignment consisted primarily on translating documents prepared by others into Spanish, and interpreting languages spoken by others	
b. Period during which performed: 8/26/03 to 9/26/03	c. Extent performed: 1 day per week
d. Names and addresses of persons through whom performed: Bradley E. White. 145 S. Lincolnway. North Aurora, IL 60542 Paula M. Riordan. 2245 Rebecca Circle. Montgomery, IL 60538	
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: 30 employees working as painters. Painters Union Local 30	



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: (If other title, cross out and write in correct title above.) City: North Aurora, State: IL, Date: 9/18/03	Signed: _____ (If other title, cross out and write in correct title above.) City: _____, State: _____, Date: _____
President	Treasurer

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File No.

C.

### A. Person Filing

1. Name and mailing address (include ZIP code):

Interlate Systems, Inc.  
145 S. Lincolnway  
North Aurora, IL 60542

2. Any other address where records necessary to verify this report are kept:

3. Date fiscal year ends:

12/31

4. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

### B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

OAK American Corporation  
4630 W. 55th Street  
Chicago, IL 60632

6. Date entered into:

On or about 7/1/03

7. Names of persons through whom made:

Chris White

8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.  
b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Paid for translation and communication services on an hourly rate

### C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity: No written contract executed. Our assignment was primarily translating documents prepared by others into Spanish and Polish, an interpreting languages spoken by others.

b. Period during which performed:

7/1/03 to 7/30/03

c. Extent performed:

1 day per week

d. Names and addresses of persons through whom performed:

Bradley White. 145 Lincolnway. North Aurora, IL 60542

Paula M. Riordan. 2245 Rebecca Cir. Montgomery, IL 60538

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

37 employees working on production, maintenance, shipping and receiving, production scheduling, quality control, materials management and housekeeping dept. employees. Chemical & Allied Product Workers Union Local 20

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed:

*[Signature]*

President

Signed:

Treasurer

(If other title, cross out and write in correct title above.)

(If other title, cross out and write in correct title above.)

at: North Aurora, IL 60542

Date on: 7/30/03

at: City State Date

on: City State Date

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Form approved - OMB No. 1215-0138  
Expires 07-31-2004

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C-569

### A. Person Filing

1. Name and mailing address (include ZIP code): Interlate Systems, Inc. 145 S. Lincolnway North Aurora, IL 60542	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: 12/21	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

### B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Maplewood Care, Inc. 50 N. Jane Dr. Elgin, IL	6. Date entered into: On or about 3/28/03
7. Names of persons through whom made: Louise Bergthold	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.	

### 9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Paid for translation and communication services on an hourly rate



### C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):		
a. Nature of activity: No written contract executed. Our assignment was primarily translating documents prepared by others into Spanish and interpreting language spoken by others		
b. Period during which performed: 3/28/03 to 4/3/03	c. Extent performed: 6 days.	
d. Names and addresses of persons through whom performed: Paula M. Riordan 2245 Rebecca Cir. Montgomery, IL 60538 Bradley White 145 S. Lincolnway. North Aurora, IL 60542		
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: 14 employees working as housekeepers, laundry, maintenance and kitchen dept. UFCW LC1546		

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: President	Signed: _____ Treasurer
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)
City State Date at: North Aurora, IL 60542 on: 4/11/03	City State Date at: _____ on: _____

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Form approved - OMB No. 1215-0188  
Expires 07-31-2004 ~~6-5-97~~

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. C-569

### A. Person Filing

1. Name and mailing address (include ZIP code): <i>Interlate Systems, Inc. 145 S. Lincolnway N. Aurora, IL 60542</i>	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: <i>12/31</i>	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

### B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): <i>Zimmerman Ford</i>	6. Date entered into: <i>On or about 2-3-03</i>
7. Names of persons through whom made: <i>Rob Bradley</i>	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.	

### 9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

*Paid for translation and communication services on an hourly rate*



### C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):		
a. Nature of activity: <i>no written contract executed. Our assignment was primarily translating documents prepared by others into Spanish and interpreting language spoken by others</i>	b. Period during which performed: <i>2-3 to 2-25 2003</i>	c. Extent performed: <i>less than 1 day per week</i>
d. Names and addresses of persons through whom performed: <i>Paula Krordan 2245 Rebecca Cir Montgomery, IL 60538 Bradley White 145 S. Lincolnway N. Aurora, IL 60542</i>		
11. Identify (a) subject employees, groups of employees, and (b) labor organizations: <i>114 employees working as lot attendants, drivers and parts dept. employees. (IBT # 731)</i>		

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>Bradley</i> (If other title, cross out and write in correct title above.) City State Date at: <i>N. Aurora IL 60542</i> on:	Signed: _____ (If other title, cross out and write in correct title above.) City State Date at: _____ on:
President	Treasurer