## Agreement and Activities Report

## U.S. Departm. .t of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB No. 1215-0188

To answer questions

Included would be

to be received by check.

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. Expires 11-30-2002 File No. 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). A. Person Filing 2. Any other address where records necessary to verify this report are kept: 1. Name and maling address (include ZIP code): CBC Consulting, Ltd. 5900 Lorac Dr., Suite 101 Clarkston, MI 48346 3. Date fiscal year ends: 4. Type of person: c. Corporation d. Cother (Specify): b. Partnership a. Individual 12-31-00 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: Los Angeles Orthopaedic Hospital 9-00 2400 S. Flower 7. Names of persons through whom made: Los Angeles, CA 90007 Terry Sillo 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: 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. 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

of management, and employees concerning the law so as not to violate

\$41,169.00

C.	Specific	Activities	to	be	Performed

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

For services rendered during the union campaign.

the employees' rights or the rights of the union.

a. Nature of activity:

Group meetings with employees.

or a criminal or civil judicial proceeding.

9. Terms and conditions (Explain in detail; see Part 8-9 of instructions):

group meetings with employees.

<ul> <li>b. Period during which performed:</li> </ul>	c. Extent performed:	
9-00 thru 11-00	Complete	
d. Names and addresses of persons through Address - Same as #1 Harold Craft, James Capis	trant	JAN 9 2001
11. Identify (a) Subject employees, groups of employees Employees of Los Angele		USDOL/ESA OLMS/DOE/SRD

		OIL INCIUDING AIL	in item 1 above and each attachments incorporated to correct, and complete.	of his	s undersigned authorize in or referred to in this r	ed officers declares, report, has been exa	under penalty of law, mined by him and is,
Signe	1 X June X	Brush	President	Sign	Harold 1	D Cla	Treasurer
(If other title, cross out and write in correct title above.)			(If other title, cross out and write in correct title above.)				
at:	Clarkston	State MT	Date on: 12/28/00	at:	Clty Clarkston	State MI	Date on: 12/28/00

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Required of Persons, including Lab Under Section 203(b) of the Labor-	or Relations Consultants and Oth Management Reporting and Disc	her Individuals a closure Act of 19	and Organizations, 959, as amended (LMRDA).	File No. C. 272		
A. Person Filing						
1. Name and maling address (include	de ZIP code):	2. Any other a	ddress where records necess	sary to verify this report are kep		
CBC Consulting, Lt 5900 Lorac Dr., Su	ite 101		y s			
Clarkston, MI 483	46					
3. Date fiscal year ends:	4. Type of person:					
12-31-00	a. Individual b.	Partnership	c. Corporation d.	Other (Specify):		
B. Nature of Agreement or Arra						
<ol><li>Full name and address of empl</li></ol>	oyer with whom made (include	ZIP code): 6. Date entered into:				
Ultra-Cast, Inc.	9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		11-00			
PO Box 28 - Blair	Pike Road		7. Names of persons through whom made:			
Poru IN 46070	Paru IN 46070			Gerald Brubaker		
8. Check the appropriate box to in	ndicate whether an object of the	activities under	taken, is directly or indirectly	r:		
To persuade employe	ees to exercise or not to exerc collectively through represent	cise, or persua atives of their	de employees as to the ma	nner of exercising, the right to		
b. To supply an employe dispute involving such or a criminal or civil ju	r with information concerning to employer, except information	he activities of for use solely	employees or a labor organize in conjunction with an admir	ation in connection with a labo nistrative or arbitral proceeding		
9. Terms and conditions (Explain	in detail; see Part B-9 of instruct	ions):	The second secon			
Demonite and	dered during the and employees conceights or the right the employees. \$	erning th	e law so as no	t to violate		
C. Specific Activities to be Pe	rformed					
10. For each activity, separately list	st in detail the information requir	red (See Part C-	10 of instructions):	The state of the s		
a. Nature of activity:	s with employees					

b. Period during which performed: c. Extent performed: 11-00 thru 11-00 Complete d. Names and addresses of persons through whom performed: Address - Same as #1 John Herrmann, III, Dennis Chaivre 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Employees of Ultra-Cast ULSTOOTL/HESPA COLINAS/LODGE//SPROD

D. Verfication and Signature. The person in item 1 above and eathat all information in this report, including all attachments incorporate to the best of his knowledge and belief, true, correct, and complete.	ch of his undersigned authorid therein or referred to in the	rized officers declare is report, has been ex	s, under penalty of law, karnined by him and is,
(If other title cross out and write in correct title above.)	Signed: Jacolg	10/10A	Treasurer
City.	(If other title, cross out a	and write in correct tit	
at: Clarkston MI on: 13/37/10	Clty at: Clarkston	State MI	Date on: 12/37/00

Ortonville, MI

U.S. De.

ent of Labor

Employment Stanuards Administration Office of Labor-Management Standards



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FILE No. 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). A. Person Filing 2. Any other address where records necessary to verify this report are kept: 1. Name and maling address (Include ZIP code): CBC Consulting, Ltd. 365 Mill St., P.O. Box 287 Ortonville, MI 48462 4. Type of person: 3. Date fiscal year ends: b. 

Partnership c. 

Corporation d. 

Other (Specify): 12 - 31 - 00a. Individual B. Nature of Agreement or Arrangement 6 Date entered into: 5. Full name and address of employer with whom made (include ZIP code): 5-00 7. Names of persons through whom made: 360 Range Line Road, PO Box 138 Sheboygan Falls, WI 53085 John Crawford 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: 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. 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): For services rendered during the union campaign. To answer questions of management, and employees concerning the law so as not to violate the employees' rights or the rights of the union. Included would be group meetings with employees. \$22,525.00 to be received by check. 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: Group meetings with employees. c. Extent performed: b. Period during which performed: 5-00 thru 6-00 Complete d. Names and addresses of persons through whom performed: Address - Same as #1 Dennis Chaivre, James Belter 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: 2 4 2000 Employees of VPI, LLC - Sheboygan Falls, WI USDOL/ESA OLMS/DOE/SRD D. Verfication 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: Signed: President Treasurer (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct (itle above.)

Date

9-11-50

City

Ortonville,

Date