City

Newport Beach

State

CA

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.

OMB No. 1214-0001

. Person Filing			
Name and mailing addre	ess (include ZIP code):	2. Any other address who	ere records necessary to verify this report are kept:
Labor Relations Serv			
24 Corporate Plaza,	*	NO	NE
Newport Beach, CA			
,			
Date fiscal year ends:	4. Type of person:		
	a. 🗆 Individua	al b. Dertnership c. Corpor	ration d. Other (Specify):
12/31/01	a. U maividus	al 0. Parthership C. 9 Corpor	ation d. d Other (Specify):
. Nature of Agreement	or Arrangement	•	
	of employer with whom made	(include ZIP code): 6. Date ent	tered into:
Jensen Pre			5/5/01
14221 San	Bernardino Ave	. Z Nemon	
Fontana, C.	A 92335		of persons through whom made:
			c Jensen, C.O.O.
		ect of the activities undertaken, is directly or	The second secon
 a. ☐ To persuade em collectively through the collective through	ployees to exercise or not to e ugh representatives of their ov	exercise, or persuade employees as to the ma wn choosing.	anner of exercising, the right to organize and bargain
			rganization in connection with a labor dispute involv-
ing such employ ceeding.	er, except information for use	solely in conjunction with an administrative of	or arbitral proceeding or a criminal or civil judicial pro-
Terms and conditions //	Explain in detail; see Part B-9	of instructions):	
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incurred in connect etc., will be reimbur. C. Specific Activities to to to To For each activity, separation and activity and its employees with assist in conducting conduct of a represe to the Peniod during whice Pendency of NLRB d. Names and address Mike Penn Rita Aguil 11. Identify (a) Subject end (b) D. Verification and Sign formation in this report, in	be Performed arately list in detail the information of the manner in greatings with employed entation election. The performed: petition are Add arature. The person in item 1 including all attachments income in the manner i	atlon required (See Part C-10 of instructions): ac. has been retained to assist the employent which they exercise their rights to orges and in communicating in writing december of the search of this date. C. Extent performed: None as of this date performed: ddress same as Al ddress same as Al es, and (b) labor organizations: loyees.	oyer named above in communicating with ganize and bargain collectively. We will uring the period immediately prior to the MAY 2 4 2001 USDOL/ESA OLMS/DOE/SRD

City

ort: 5/14/0 lat: Newport Beach

Date 5/14/01

State

CA

Agreement and Activities Re

U.S. Departme

File No.

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.

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).

OMB No. 1214-0001 12/31/86

A. Person Filing 1. Name and mailing address (include ZIP code): 2. Any other address where records necessary to verify this report are kept: Labor Relations Services, Inc. NONE 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660 3. Date fiscal year ends: Type of person: b.

Partnership d.

Other (Specify): a.

Individual 12-31-01 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (Include ZIP code): 6. Date entered into: May 4, 2001 La Tapatia 23423 Cabot Blvd. 7. Names of persons through whom made: Hayward, CA 94545-1665 Antonio Chavez 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 pro-9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

C. Specific Activities to be Performed

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

etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

a. Nature of activity abor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance,

b. Period during which performed: Pendency of NLRB petition	c. Extent performed: None as of this date
d. Names and addresses of persons through	n whom performed:
Ed Villanueva Rita Aguilar Mike Penn	Address same as Al Address same as Al Address same as Al
Identify (a) Subject employees, groups of em All full-time and regular part-time	¥

USDOL/ESA OLMS/DOE/SRD

(b)

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.

Sign	ed: ////			Signed: /	-	
•	Ville	~~	President	Ul la un	~	Treasurer
(If ot	her title, cross ouvend write	in correct title above.)		(If other title, cross out and write in c	orrect title above.)	
	City	State	Date	City	State	Date
at:	Newport Beach	CA	ort: 5/14/01	at: Newport Beach	CA	5/14/01

U.S. Departme

f Labor

Office of Labor-Management Standards



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OMB No. 1214-0001 12/31/86

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)	ı.

L. Person Filling		
. Name and mailing address	(Include ZIP code):	2. Any other address where records necessary to verify this report are kept:
Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660		
		NONE
. Date fiscal year ends:	4. Type of person:	,
	a. 🗆 Individual	b. Partnership c. Corporation d. Other (Specify):
12-31-01	a. U maividual	o. a ratherant c. A surprise of a control (specify).
. Nature of Agreement or	r Arrangement	•
. Full name and address of	employer with whom made (in	clude ZIP code): 6. Date entered into:
Delta Tech	nologies	5/10/01
2550 Pellisee Place		5/10/01
Whitter, CA 90601		Names of persons through whom made:
(AKA Emplo	yers Group)	Hans Assarian, Manager HR
. Check the appropriate box	x to indicate whether an object	t of the activities undertaken, is directly or indirectly:
 a. ☐ To persuade emple collectively through 	byees to exercise or not to exe h representatives of their own	ercise, or persuade employees as to the manner of exercising, the right to organize and bargain choosing.
b. To supply an emple	oyer with information concern	ing the activities of employees or a labor organization in connection with a labor dispute involv-
ing such employer ceeding.	, except information for use so	olely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial pro-
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President

ork: 5/14/0] at: Newport Beach

Date

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

City

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

State

CA

City

Newport Beach

Date

State

CA

Treasurer

Agreement and Activities Re

Signed:

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

Newport Beach

State

CA

U.S. Departme

of Labor

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.

OMB No. 1214-0001 12/31/86

A.	Person Filing				
	Name and mailing address (Include ZIP code): Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660	Any other address where records necessary to verify this report are kept: NONE			
3.	Date fiscal year ends: 4. Type of person: 12/31/01 a. □ Individual	b. Partnership c. Corporation d. Other (Specify):			
В.	Nature of Agreement or Arrangement				
5.	Full name and address of employer with whom made (include ZIP code): 6. Date entered into:				
	American Tissue Corp.	01/12/01			
	135 Engineers Road	7. Names of persons through whom made:			
	Hauppauge, NY 11788	Shahram Roozrokh, V.P.			
8.	Check the appropriate box to indicate whether an object of t				
	 a.	se, or persuade employees as to the manner of exercising, the right to organize and bargain cosing.			
	ing such employer, except information for use solely	the activities of employees or a labor organization in connection with a labor dispute involv- in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial pro-			
	ceeding.				
9.	Terms and conditions (Explain in detail; see Part B-9 of Instru All services described in Section C10 (a) below sha incurred in connection with the performance of sa	all be performed on an hourly fee basis at a rate of \$195 hour. Expenses uch services as travel, accommodations, copies, telephone long distance,			
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Signed:

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

City

Newport Beach

President

ort: 2 114/201

Date

State

CA

Treasurer

U.S. Departme of Labor

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. OMB No. 1214-0001 12/31/86

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 1. Name and mailing address (include ZIP code): Any other address where records necessary to verify this report are kept: Labor Relations Services, Inc. NONE 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660 3. Date fiscal year ends: 4. Type of person: c. Corporation d.

Other (Specify): a.

Individual b.

Partnership 12/31/01 B. Nature of Agreement or Arrangement Date entered into: 5. Full name and address of employer with whom made (include ZIP code): Americ Disc, Inc. 01/30/01 4701 Stoddard Road 7. Names of persons through whom made: Salida, CA 95368 Karen Hart, H.R. Manager 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. \Box 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 pro-9. Terms and conditions (Explain in detail; see Part B-9 of instructions): All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost. 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 abor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election. b. Period during which performed: c. Extent performed: Pendency of NLRB petition None as of this date d. Names and addresses of persons through whom performed: Michael Penn (address in #1 above) Rita Aguilar (address in #1 above) 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) All full-time and regular part-time employees. (b)

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:			Signed:		
•	1/10 Un	~	President	(//4 cm	Treasurer
(If ot	her title, cross ouvend write in c	orrect title above.)		(If other title, cross out and write in correct title above.)	
	City	State	Date	City State	Date
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U.S. Departm of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 88-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001

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Signed: Signed: Treasurer President (If other title, gross ouvend write in correct title above.) (If other title, cross out and write in correct title above.) City State Date State Date City Newport Beach CA at: Newport Beach ort: 3/15/0 CA