Agreement and Activities Report

Signed:

at: Lake Oswego, OR

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

U.S. Department c abor

Office of Labor-Management S. Jards



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).

File No. C. 0386

| A. Person Filing | | | | |
|---|--|--|--|--|
| Name and mailing address (include ZIP code): | Any other address where records necessary to verify this report are kept: | | | |
| Preventive Personnel Management of Oregon, | 2. Any other address where records needed by to rolly this report are kept. | | | |
| Inc. | | | | |
| P.O. Box 547 | NONE | | | |
| Lake Oswego, OR 97034 | | | | |
| Date fiscal year ends: 4. Type of person: | | | | |
| a □ Individual b □ Part | inership c. 🖾 Corporation d. 🗆 Other (Specify): | | | |
| 12/31 | | | | |
| B. Nature of Agreement or Arrangement | | | | |
| 5. Full name and address of employer with whom made (include ZIP code | 6. Date entered into: | | | |
| BE AEROSPACE, INC. | August, 2002 | | | |
| 1400 Corporate Center Way | 7. Names of persons through whom made: | | | |
| Wellington, FL 33414 | Jeff Moriarty | | | |
| 8. Check the appropriate box to indicate whether an object of the activitie | us undertaken, is directly or indirectly: | | | |
| | ade 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 activitie ing such employer, except information for use solely in conjunct ceeding. | es of employees or a labor organization in connection with a labor dispute involv- tion 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): | | | | |
| | | | | |
| \$180 to \$190 per hour consulting fee | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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: Persuader activity describ | ed in 8(a) above, including drafting speeches, | | | |
| conferences with employer and superviso | | | | |
| | | | | |
| | | | | |
| b. Period during which performed: c. Extent perfo | ormed: | | | |
| | | | | |
| Aug-Sept, 2002 comple | tea | | | |
| d. Names and addresses of persons through whom performed: | | | | |
| Dean T. Zografos/Mikal J. Apenes | | | | |
| P.O. Box 547 | | | | |
| Lake Oswego, OR 97034 | | | | |
| 11. Identify (a) Subject employees, groups of employees, and (b) labor org | anizations: | | | |
| (a) Machinists at Long Beach, Califor | nia location | | | |
| (b) IAM District Lodge 725 | | | | |
| n 180 | Que de la companya de | | | |
| B. W. 18 | | | | |
| U. Verification and Signature. The person in item 1 above and each of | his undersigned authorized officers declares, under penalty of law, that all in- referred to in this report, has been examined by him and is, to the best of his | | | |
| knowledge and belief, true, correct, and complete. | referred to in this report, has been examined by film and is, to the pest of his | | | |
| | | | | |

President

Date

on:9/24/02

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

at: Lake Oswego, OR

Date

Treasurer

U.S. Department of Labor

Office of Labor-Managerr

tandards



OMB No. 1214-0001 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, File No. **c.** 0386 Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA), A. Person Filing Name and mailing address (include ZIP code): 2. Any other address where records necessary to verify this report are kept: Preventive Personnel Management of Oregon, Inc. P.O. Box 547 Lake Oswego, OR 97034 NONE 3. Date fiscal year ends: Type of person: a. | Individual b.

Partnership c. Corporation d.

Other (Specify): 12/31 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: HOLIDAY RETIREMENT CORP. 2/20/02 POB 14111 7. Names of persons through whom made: Salem, OR 97309-5026 Linda Livermore 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: 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): \$190/per hour consulting fee 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: Persuader activity described in 8(a) above, including drafting speeches, conferences with employer and supervisors; meetings with employees. For Beaverton Assisted Living LLC d/b/a Edgewood Point, 7733 SW Scholls Ferry Road, Beaverton, OR b. Period during which performed: c. Extent performed: 2/02-3/02 not yet completed d. Names and addresses of persons through whom performed: Dean T. Zografos P.O. Box 547 Lake Oswego, OR 97034 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) healthcare employees, cooks, housekeepers and staff (b) Oregon AFSCME Council No. 75 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 Treasurer (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) State State Lake Oswego OR at: Lake Oswego OR

Agreement and Activities Repo

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

State

City

Lake Oswego

U.S. Department of Labor

Office of Labor-Manageme. a

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OMB No. 1214-0001 12/31/86

| Required of Persons, including Labor Relations Cons Under Section 203(b) of the Labor-Management Rep | | | (LMRDA). | File No. | c. 0386 | |
|---|--|---|---|--------------------------|--|--|
| A. Person Filing | | | | | | |
| Name and mailing address (include ZIP code): | | 2. Any other address | where records ne | ecessary to | verify this report are kept: | |
| Preventive Personnel Manag | gement of | | | | | |
| Oregon, Inc. | | | | | | |
| P.O. Box 547 | | | | | | |
| Lake Oswego, OR 97034 | | NONE | | | | |
| Date fiscal year ends: 4. Type of per | erson: | | | | | |
| 12/31 a. □ Inc | dividual b. 🗆 Parti | nership c. 🕸 Cor | rporation d. | □ Other (| Specify): | |
| B. Nature of Agreement or Arrangement | | | | | | |
| 5. Full name and address of employer with whom | made (include ZIP code) | 6. Date | entered into: | | | |
| TREE TOP, INC. | | | 2/ | 02 | | |
| Ross Plant / Milton-Freewater | _ | 7. Name | es of persons thro | ugh whom | made: | |
| 220 E. 2nd Ave. Selah, Wa 98942 | | N. | ancy Buck | | | |
| 8. Check the appropriate box to indicate whether | an object of the activities | undertaken, is directly | or indirectly: | | | |
| a. KTo persuade employees to exercise or n collectively through representatives of the services of the services. | | de employees as to the | manner of exerci | ising, the ri | ght to organize and bargain | |
| To supply an employer with information of ing such employer, except information for ceeding. | | | | | | |
| 9. Terms and conditions (Explain in detail; see Par | t B-9 of instructions): | | | | and the contract of the contra | |
| \$190/per hour consulting | ng fee | | | | S Rectify JN-72002 | |
| C. Specific Activities to be Performed | | | | | | |
| 10. For each activity, separately list in detail the in | formation required (See | Part C-10 of instruction | s): | | | |
| a. Nature of activity: Persuader a | | | | . incl | uding drafting | |
| speeches, conferences wi | | | | | | |
| b. Period during which performed: | c. Exter perfor | med: | | | | |
| 2/02-3/02 | comple | completed | | | | |
| d. Names and addresses of persons through w | vhom performed: | | | | | |
| | | 0 0 | | | | |
| | | O. Box 547 | on | | | |
| 44 14-19 (100) | | ke Oswego, | OR 97034 | ŀ | | |
| Identify (a) Subject employees, groups of employees. | oyees, and (b) labor orga | nizations: | | | | |
| | /-\ - · | | | | | |
| | (a) production | n and maint | enance | | | |
| ' | (b) IBT | | | | | |
| D. Verification and Signature. The person in item formation in this report, including all attachments in knowledge and belief, true, correct, and complete. | n 1 above and each of h ncorporated therein or re | is undersigned authorize eferred to in this report | zed officers declar , has been exami | res, under ned by him | penalty of law, that all in- | |
| Signed: | 100 | Siede | 100 | | | |

Signed:

on:5-15-02 at: Lake Oswego

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

President

Date

Date

State

OR

Treasurer

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

State

OR

Date

City

Lake Oswego

U.S. Department of Labor

Office of Labor-Manageme

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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). | | | | File No. | c. 0386 | |
|--|---|-------------------|--|-----------------------------|--|--|
| A. Person Filing | | | | | | |
| Name and mailing address (include ZIP code): | | 2 Any othe | er address where records n | ecessary to | verify this report are kept: | |
| Preventive Personnel Managemen | nt of | Z. rany outo | addices where records in | oocoodi'y to | verny this report are nopt. | |
| Oregon, Inc. | iic Oi | | | | | |
| P.O. Box 547 | | | | | | |
| Lake Oswego, OR 97034 | | NON: | E | | | |
| | | 1,011 | | | | |
| Date fiscal year ends: | l b. □ Partr | anabla a | . 🖒 Corporation d. | □ Other/ | Canalfu). | |
| 12/31 a. 🗆 Individual | O. L. Parti | iersnip c | . De Corporation d. | □ Other (| Specify): | |
| B. Nature of Agreement or Arrangement | | | | | | |
| 5. Full name and address of employer with whom made (i | nclude ZIP code): | | 6. Date entered into: | | | |
| California Concrete Pipe Corp. | | | 1/25/02 | | | |
| 2960 S. Hwy. 99 | | | 7. Names of persons thro | ough whom | made: | |
| Stockton, CA 95215 | | | Cy Thomson | | | |
| 8. Check the appropriate box to indicate whether an object | ct of the activities | undertaken, | is directly or indirectly: | 4 | | |
| a. KTo persuade employees to exercise or not to ex | | de employees | s as to the manner of exerc | ising, the ri | ght to organize and bargain | |
| collectively through representatives of their own b. To supply an employer with information concern | | of employees | or a labor organization in | connection | with a labor dispute involv- | |
| ing such employer, except information for use sceeding. | | | | | | |
| 9. Terms and conditions (Explain in detail; see Part B-9 of | instructions): | | | | | |
| \$190 /per hour consulting fe | ee | | | | Special States | |
| C. Specific Activities to be Performed | | 2.10.10.11 | | | | |
| 10. For each activity, separately list in detail the information | | | | | | |
| a. Nature of activity: Persuader activ | 7500 | | | | | |
| speeches, conferences with | employer | and sup | pervisors; me | etings | with employees | |
| | | | | | | |
| | | | | | | |
| b. Period during which performed: | c. Extent perfor | Extent performed: | | | | |
| 1/25/02-2/23/02 | Complete | Completed | | | | |
| d. Names and addresses of persons through whom pe | erformed: | nald J. | . Williams | | | |
| | P. | O. Box | | 4 | | |
| | | | | | | |
| 11. Identify (a) Subject employees, groups of employees, | and (b) labor orga | nizations: | | | | |
| (a) Drivers/warehouse | | | | | | |
| (b) Teamsters | | | | | | |
| 2 1/ 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 | | | | | | |
| D. Verification and Signature. The person in item 1 abortomation in this report, including all attachments incorpo knowledge and belief, true, correct, and complete. | ove and each of h rated therein or r | eferred to in t | ed authorized officers decli this report, has been exam | ares, under nined by hir | penalty of law, that all in- n and is, to the best of his | |
| | | Di-A | | 1. | | |
| Signed: Duly May 05 | President | Signed: | the & V | YC1 | Treasurer | |

on:

Date

3/1/02

State

OR

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

City

3/1/02 at: Lake Oswego