U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards

This report is mandatory under P.L. 8 result in criminal prosecution, fines ar				:	Form approved - OMI Expires 11-30-2002	B No. 1215-0188
Required of Persons, including Lab Under Section 203(b) of the Labor-I		ther Individuals and Organizations, closure Act of 1959, as amended (LMRDA).			C. 464	
A. Person Filing				· · · · · · · · · · · · · · · · · · ·		
Name and mailing address (include)	le ZIP code):		2. Any other a	ddress where records nec	essary to verity this	report are kept:
Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264				None		
Date fiscal year ends:	4. Type of perso	n:		·—·		
12/31/03	a. 🗌 Individ	dual b. 🗆	Partnership	C. Corporation of), 🔲 Other (Speci	ify):
B. Nature of Agreement or Arra	ngement					
5. Full name and address of empl Mercy Providence Community Hospit		nade (include 2	IP code):	6. Date entered into:	6/22/03	
1400 Locust Street				7. Names of persons th	rough whom made:	
Pittsburgh, PA 15219				Kristen BEII		
8. Check the appropriate box to in	dicate whether a	n object of the	activities unde	rtaken, is directly or Indire	ectly:	
organize and bargain b. To supply an employe	collectively thromation with information employer, exce	ugh representa n concerning the opt information	atives of their ne activities of	oyees as to the man own choosing. employees or a labor orga in conjunction with an ad	anization in connect	tion with a labor
		-				
9. Terms and conditions (Explain i	n detail; see Part	B-9 of instructi	ons):			
Starting 6/23/03 through 6/24/03, our cards and voting in the upcoming element is no written agreement as to a	ction. A maximum	of 20 hours will				
C. Specific Activities to be	Dorformed				···	
10. For each activity, separately list		ormation require	ed (See Part C	-10 of instructions):		
a. Nature of activity:						
To inform employees in the voting us bargaining.	nit to exercise their	right to choose	whether or not t	hey wish to be represented t	for the purposes of co	Hective
b. Period during which peri		c. Extent p	erformed [.]			
6/23 to 6/24/03	ormeu.	On-going me	etings, up to 24	hours before the election wi s NLRA basic guidelines, rev		
d. Names and addresses of	f persons throug	th whom perfo	rmed:		1	1 Same
J. Schmid Labor Information Services, Inc. PO Box 6063 - Malibu, CA 90264						192
11. Identify (a) Subject employees, and voting employees in bargaining u		es, and (b) labor	organization:	***************************************		
D. Verification and Signature. That all Information in this report, to the best of his knowledge and	including all attac	hments incorpo	orated therein (
Signed:	<u> </u>	Description	Signed			Treasurer
(if other title, cross out and write	in correct title abo		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	er title, cross out and write	in correct title above	
city Malibu	state CA	Date		city	state	Date
at:		on: //21	/03 at:			on:

U.S. Department of Labor **Employment Standards Administration**

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Office of Labor-Management Standards Form approved - OMB No. 1215-0188 This report is mandatory under P.L. 86-257 as amended. Failure to comply may Expires 11-30-2002 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. 464 Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing Any other address where records necessary to verity this report are kept: 1. Name and mailing address (include ZIP code): None Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264 4. Type of person: 3. Date fiscal year ends: 12/31/03 b. Partnership C. Corporation d. Other (Specify): a. 🔲 individual B. Nature of Agreement or Arrangement Date entered into: 5. Full name and address of employer with whom made (include ZIP code): 6/22/03 Burritoville 5 Dakota Drive, Suite 302 7. Names of persons through whom made: Lake Success, NY 11042 Jeffrey Bemstein 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 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 disputé 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): Starting 6/23/03 through the election date, our firm will be conducting meetings with employees from the voting unit to discuss the realities of signing authorization cards and voting in the upcoming election. No maximum hours have been allocated to this work. Billing of time and expenses wilf be done monthly. There is no written agreement as to a maximum billable amount. 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: To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining. c. Extent performed: b. Period during which performed: On-going meetings, up to 24 hours before the election will be performed. These will be group or 6/23/03 to election date individual meetings to discuss NLRA basic guidelines, review ACT and answer questions. d. Names and addresses of persons through whom performed: J. Rodriguez Labor Information Services, Inc. PO Box 6063 - Malibu, CA 90264 Identify (a) Subject employees, groups of employees, and (b) labor organization: All voting employees in bargaining unit. D. Verification and Signature. The person in item I 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 title above,) Date city Date state Malibu CA 7/18/03 at:

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A. Tovar Labor Information Services, Inc. PO Box 6063 - Malibu, CA 90264

11. Identify (a) Subject employees, groups of employees, and (b) labor organization: All voting employees in bargaining unit.



D. Verification and Signature. The person in item I 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:	Tancella	- ve	President -	Signed:		Treasurer
(if other	title, cross out and wr	te in correct title ab	ove.)	(if other title, cross out a	nd write in correct title	above.)
at:	city Malibu	state CA	Date on: 7/19/03	city at:	state	Date on:

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D. Verification and Signature. The person in item t 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:	TA			Signed:			_
	OR TURB	 _	President			Treasurer	E
(if other-	title, cross out and w	rite in correct title ab	ove.)	(if other title, cross out a	nd write in correct title	above.)	****
at:	city Malibu	state CA	Date 7/19/03	city	state	Date	
at .			on: 7713100	at:		on:	_