



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 11-30-2002

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. 560

A. Person Filing

1. Name and mailing address (include ZIP code): Solutions In Human Resources, Inc. 434 South Bedford St. Bedford, PA 15522	2. Any other address where records necessary to verify this report are kept: None
3. Date fiscal year ends: December 31	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): Mortimer Electric 110 School Street Bedford, PA 15522	6. Date entered into: July 2000
7. Names of persons through whom made: Mr. Dent Mortimer	
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):

To assist them with their labor dispute and assist them with coordination of efforts through their labor attorney

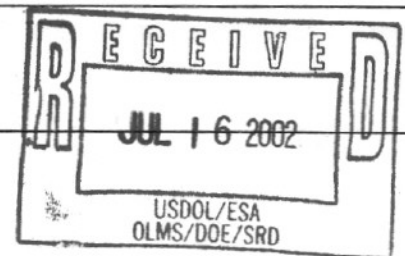
C. Specific Activities to be Performed

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

a. Nature of activity: 1. present appropriate information to mortimer electric employees to make an informed decision regarding representation 2. Assist with NLRB charges as applicable		
b. Period during which performed: August-December 2000	c. Extent performed: complete	
d. Names and addresses of persons through whom performed: Lynn Hocker 434 Bedford St. Bedford PA 15522		

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

IBEW Local 5



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>S. Hocker</i> (If other title, cross out and write in correct title above.) City: Bedford State: PA Date: 4/22/02	Signed: <i>Kerri L. Harker</i> (If other title, cross out and write in correct title above.) City: Bedford State: PA Date: 4/22/02 Secretary Treasurer
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