U.S. De tment of Labor

Office of Labor-Management



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

	ding Labor Relations Consultan Labor-Management Reporting an			File No. C.	
A. Person Filling					
1. Name and mailing addre	ess (include Zip Code):	2.	Any other address where records	s necessary to verify thi	s report are kept.
LABOR RELATIONS 24 CORPORATE PLAZ NEWPORT BEACH, C	ZA, SUITE #100			NONE	
3. Date fiscal year ends:	4. Type of Person:				
12/31/02	a. Individual b.	Partnership	c. X Corporation d.	Other (Specify):	
B. Nature of Agreement					
5. Full name and address of	of employer with whom made (in	clude Zip code):	6. Date entered into:		
BP AMERICA, INC.			NOVEMBER 1, 2002		
501 WEST LAKE PARK	BLVD.		7. Name of persons throug	h whom made:	
HOUSTON, TX 77079			MR. MARK CRAWFORD	GENERAL COUNSI	EL.
8. Check the appropriate b	oox to indicate whether an object	of the activities und	dertaken, is directly or indirectly	, oblibia ib coolida	
	mployees to exercise or not to ex rough representatives of their ov		employees as to the manner of ex	ercising, the right to or	ganize and bargain
	employer, except information f		of employees or a labor organizat unction with an administrative or		
9. Terms and conditions (Explain in detail; see Part B-9 o	f instructions):			
	erformance of such services as t		ourly fee basis at a rate of \$240.00 ons, copies, telephone long distan		
C. Specific Activities to	be Performed rately list in detail the information	on required (See Part	t C-10 of instructions):		
a. Nature of activity:	with regard to the manner in v	which they exercise the	o assist the employer named above heir rights to organize and bargain a writing during the period immed	n collectively. We will	assist in conducting
b. Period during which		C	Extent performed:		
Pendency of NLF	RB		None as of this date		
d. Names and address	es of persons through whom per	formed:			
DOUG MUIR (SA)	ME ADDRESS AS ITEM #A1)				· Marie and a second
(a) All full-time and	nployees, groups of employees, a regular part-time employees.	and (b) labor organiz	rations:		Recid P
(b) PACE – LOCAL	0-309				MS DROP
	, including all attachments incor		ndersigned authorized officers de ferred to in this report, has been		
Signed:	4hm	President	Signed: Allh	~	Treasurer
	nd write in correct title above)		(If other title, cross out and wri	ite in correct title above	:)
City At: Newport Beach	State CA	Date 11/15/02	City At: Newport Beach	State CA	Date 11/15/02

U.S. D. tment of Labor

Office of Labor-Management



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

P. 0000	, p	
	ding Labor Relations Consultants and Other Indiv abor-Management Reporting and Disclosure Act	
A. Person Filling		
Name and mailing addre	ss (include Zip Code):	2. Any other address where records necessary to verify this report are kept.
Labor Relations Services		NONE
24 Corporate Plaza, Suit Newport Beach, CA 926		NONE
3. Date fiscal year ends:	4. Type of Person:	
12/31/02	a. Individual b. Partnership	c. X Corporation d. Other (Specify):
B. Nature of Agreement of	of Arrangement	
5. Full name and address o	f employer with whom made (include Zip code):	6. Date entered into: AUGUST 29, 2002
NASSAU CANDY		
530 W. JOHN ST.		7. Name of persons through whom made:
HICKSVILLE, NY 11801		MR. LESLEY H. STIER PRESIDENT
8. Check the appropriate b	ox to indicate whether an object of the activities	indertaken, is directly or indirectly
	nployees to exercise or not to exercise, or persuaction representatives of their own choosing.	de employees as to the manner of exercising, the right to organize and bargain
	employer, except information for use solely in co	es of employees or a labor organization in connection with a labor dispute onjunction with an administrative or arbitral proceeding or a criminal or civil
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):	
	erformance of such services as travel, accommoda	hourly fee basis at a rate of \$195.00 per hour. Expenses incurred in tions, copies, telephone long distance, etc., will be reimbursed to Labor
C. Specific Activities to b	e Performed	
10. For each activity, separ	ately list in detail the information required (See F	art C-10 of instructions):
a. Nature of activity:	with regard to the manner in which they exercis	It to assist the employer named above in communication with its employees e their rights to organize and bargain collectively. We will assist in conducting in writing during the period immediately prior to the conduct of
b. Period during which		c. Extent performed:
Pendency of NLR	В	None as of this date
ED VILLANUEVA (ADI RITA AGUILAR (ADI	es of persons through whom performed: DRESS IS THE SAME AS ITEM A1) DRESS IS THE SAME AS ITEM A1)	SP262002
(a) All full-time and r (b) UNITE Local #1:		
		s undersigned authorized officers declares, under penalty of law, that all
information in this report, knowledge and belief, true		referred to in this report, has been examined by him and is, to the best of his
Signed:	111	Signad
Signed.	11km	Signed:
(If other title gross hit	Preside	
	od write in correct title above)	(If other title, pross out and write in correct title above)
City (/ At: Newport Beach	State Date CA 9/03/02	City State Date At: Newport Beach CA 9/03/02

U.S. De tment of Labor

Office of Labor-Management



This report is mandatory under P.L. 86-257 as amended. Failure to comply may

OMB No. 1214-0001

Result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440. 12/31/86 Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Sections 203(b) of Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). File No. A. Person Filling 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, Suite #100 Newport Beach, CA 92660 3. Date fiscal year ends: 4. Type of Person: Individual Partnership X Corporation Other (Specify): 12/31/02 B. Nature of Agreement of Arrangement Full name and address of employer with whom made (include Zip code): 6. Date entered into: AUGUST 30, 2002 SUNSHINE BOUQUET COMPANY 7. Name of persons through whom made: 3A CHRIS COURT MR. CHRISTOPHER ANHUT DAYTON, NJ 08810 OWNER 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly X 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 b. 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): All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195.00 per 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): Labor Relations Services, Inc. has been retained to assist the employer named above in communication 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 representation election. b. Period during which performed: c. Extent performed: Pendency of NLRB None as of this date d. Names and addresses of persons through whom performed: MICHAEL PENN (ADDRESS IS THE SAME AS ITEM A1) **DELIA VITAL** (ADDRESS IS THE SAME AS ITEM A1) RICARDO PASALAGUA (ADDRESS IS THE SAME AS ITEM A1) 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) All full-time and regular part-time employees. (b) UFCW Local #342 (New Jersey) & UFCW Local #1625 (Florida) 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: 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 Date City State Date At: Newport Beach 9/03/02 At: Newport Beach CA CA 9/03/02

U.S. De tment of Labor



Office of Labor-Management

	under P.L. 86-257 as amendo ition, fines and civil penalties				OMB No. 1214-0001 12/31/86
	ding Labor Relations Consulta abor-Management Reporting		viduals and Organizations, t of 1959, as amended (LMRDA).	File No. C	
A. Person Filling					
Name and mailing addre	ss (include Zip Code):		2. Any other address where records	necessary to veri	fy this report are kept.
Labor Relations Services 24 Corporate Plaza, Suit Newport Beach, CA 926	e #100		1	NONE	
3. Date fiscal year ends:	4. Type of Person:				
12/31/02	a. Individual b.	Partnership	c. X Corporation d.	Other (Spec	ify):
B. Nature of Agreement o	f Arrangement				
5. Full name and address o	f employer with whom made (include Zip code):	6. Date entered into: OCTOBER 3, 2002		
THE MINUTE MAID COI P.O. BOX 2079	MPANY		7. Name of persons through	whom made:	
HOUSTON, TX 77252-20	79		MR. LE ROY BAKER, V.P		DURCES
		ect of the activities	undertaken, is directly or indirectly		
b. To supply an e	rough representatives of their or employer with information con employer, except information	own choosing.	de employees as to the manner of exe es of employees or a labor organization onjunction with an administrative or	on in connection	with a labor dispute
	Explain in detail; see Part B-9	6:			
All services described in	n Section C10 (a) below shall berformance of such services as	be performed on ar	n hourly fee basis at a rate of \$245.00 ations, copies, telephone long distance		
C. Specific Activities to b					
10. For each activity, separa	ately list in detail the informat	ion required (See I	Part C-10 of instructions):		
a. Nature of activity:	with regard to the manner in	which they exercis	d to assist the employer named above se their rights to organize and bargain g in writing during the period immedi	collectively. We	will assist in conducting
b. Period during which			c. Extent performed:		
Pendency of NLR	В		None as of this date		
d. Names and addresse MICHAEL PENN (SAME	s of persons through whom pe E AS ITEM #1A)	erformed:			CAN THE PROPERTY OF THE PROPER
	ployees, groups of employees, egular part-time employees.	, and (b) labor orga	nizations:		· Anna
(b) TEAMSTERS					
	including all attachments inco		s undersigned authorized officers dec r referred to in this report, has been e		
Signed:	MGI		Signed:		
4	/////	D 11	(/ (/ ///////		m
(If other title, cross out an	id write in correct title above)	Preside	(If other title, cross out and write	e in correct title	Treasurer
City	State	Date	City	State	Date
At: Newport Beach	CA	10/22/0	,	CA	10/22/02

U.S. Departr nt 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

-01

Nature of Agreement or Arrangement Full name and address of employer with whom made (include ZIP) OAG HOSPITAL NE HOAG DRIVE EWPORT BEACH, CA 92658 Check the appropriate box to indicate whether an object of the act	7/12/02 7. Names of persons through whom made: Mr. Michael Stephens President & CFO ctivities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bards. ctivities of employees or a labor organization in connection with a labor dispute inviging the right of the right to organize and bards.
Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660 Date fiscal year ends: 4. Type of person: a. Individual b. 12/31/02 Nature of Agreement or Arrangement Full name and address of employer with whom made (Include ZIP) OAG HOSPITAL NE HOAG DRIVE EWPORT BEACH, CA 92658 Check the appropriate box to indicate whether an object of the ac a. XX To persuade employees to exercise or not to exercise, or a collectively through representatives of their own choosing b. To supply an employer with information concerning the ac ing such employer, except information for use solely in conceeding. Terms and conditions (Explain In detail; see Part B-9 of Instruction All services described in Section C10 (a) below shall be incurred in connection with the performance of such setc., will be reimbursed to Labor Relations Services, Inc. Specific Activities to be Performed O. For each activity, separately list in detail the information require a. Nature of activity abor Relations Services, Inc. has been	Partnership c. Corporation d. Other (Specify): Code : 6. Date entered into: 7/12/02 7. Names of persons through whom made: Mr. Michael Stephens President & CFO Civities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bar in the proceeding or a criminal or civil judicial in the personal proceeding or a criminal or civil judicial in the performed on an hourly fee basis at a rate of \$195 hour. Expenses
24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660 Date fiscal year ends: 1	Partnership c. Corporation d. Other (Specify): code): 6. Date entered into: 7/12/02 7. Names of persons through whom made: Mr. Michael Stephens President & CFO civities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bar indirection with an administrative or arbitral proceeding or a criminal or civil judicial ins): e performed on an hourly fee basis at a rate of \$195 hour. Expenses
Date fiscal year ends: A. Type of person: a. Individual b.	Partnership c. Corporation d. Other (Specify): code): 6. Date entered into: 7/12/02 7. Names of persons through whom made: Mr. Michael Stephens President & CFO civities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bar indirection with an administrative or arbitral proceeding or a criminal or civil judicial ins): e performed on an hourly fee basis at a rate of \$195 hour. Expenses
Date fiscal year ends: 12/31/02	code): 6. Date entered into: 7/12/02 7. Names of persons through whom made: Mr. Michael Stephens President & CFO civities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bards. civities of employees or a labor organization in connection with a labor dispute invigunction with an administrative or arbitral proceeding or a criminal or civil judicial ms): e performed on an hourly fee basis at a rate of \$195 hour. Expenses
a. Individual b. 12/31/02 Nature of Agreement or Arrangement Full name and address of employer with whom made (include ZIP OAG HOSPITAL NE HOAG DRIVE EWPORT BEACH, CA 92658 Check the appropriate box to indicate whether an object of the ac a. XIX To persuade employees to exercise or not to exercise, or a collectively through representatives of their own choosing b. To supply an employer with information concerning the ac ing such employer, except information for use solely in corceeding. Terms and conditions (Explain in detail; see Part B-9 of Instruction All services described in Section C10 (a) below shall be incurred in connection with the performance of such setc., will be reimbursed to Labor Relations Services, Inc. Specific Activities to be Performed D. For each activity, separately list in detail the information requires a. Nature of activity abor Relations Services, Inc. has been	code): 6. Date entered into: 7/12/02 7. Names of persons through whom made: Mr. Michael Stephens President & CFO civities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bards. civities of employees or a labor organization in connection with a labor dispute invigunction with an administrative or arbitral proceeding or a criminal or civil judicial ms): e performed on an hourly fee basis at a rate of \$195 hour. Expenses
a. Individual b. 12/31/02 Nature of Agreement or Arrangement Full name and address of employer with whom made (include ZIP OAG HOSPITAL NE HOAG DRIVE EWPORT BEACH, CA 92658 Check the appropriate box to indicate whether an object of the ac a. XIX To persuade employees to exercise or not to exercise, or a collectively through representatives of their own choosing b. To supply an employer with information concerning the ac ing such employer, except information for use solely in corceeding. Terms and conditions (Explain in detail; see Part B-9 of Instruction All services described in Section C10 (a) below shall be incurred in connection with the performance of such setc., will be reimbursed to Labor Relations Services, Inc. Specific Activities to be Performed D. For each activity, separately list in detail the information requires a. Nature of activity abor Relations Services, Inc. has been	code): 6. Date entered into: 7/12/02 7. Names of persons through whom made: Mr. Michael Stephens President & CFO civities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bards. civities of employees or a labor organization in connection with a labor dispute invigunction with an administrative or arbitral proceeding or a criminal or civil judicial ms): e performed on an hourly fee basis at a rate of \$195 hour. Expenses
Nature of Agreement or Arrangement Full name and address of employer with whom made (include ZIP) OAG HOSPITAL NE HOAG DRIVE EWPORT BEACH, CA 92658 Check the appropriate box to indicate whether an object of the act	code): 6. Date entered into: 7/12/02 7. Names of persons through whom made: Mr. Michael Stephens President & CFO civities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bards. civities of employees or a labor organization in connection with a labor dispute invigunction with an administrative or arbitral proceeding or a criminal or civil judicial ms): e performed on an hourly fee basis at a rate of \$195 hour. Expenses
Nature of Agreement or Arrangement Full name and address of employer with whom made (include ZIP) OAG HOSPITAL NE HOAG DRIVE EWPORT BEACH, CA 92658 Check the appropriate box to indicate whether an object of the act	code): 6. Date entered into: 7/12/02 7. Names of persons through whom made: Mr. Michael Stephens President & CFO civities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bards. civities of employees or a labor organization in connection with a labor dispute invigunction with an administrative or arbitral proceeding or a criminal or civil judicial ms): e performed on an hourly fee basis at a rate of \$195 hour. Expenses
Full name and address of employer with whom made (include ZIP) OAG HOSPITAL NE HOAG DRIVE EWPORT BEACH, CA 92658 Check the appropriate box to indicate whether an object of the act a. XX To persuade employees to exercise or not to exercise, or a collectively through representatives of their own choosing b. To supply an employer with information concerning the act ing such employer, except information for use solely in conceeding. Terms and conditions (Explain In detail; see Part B-9 of Instruction All services described in Section C10 (a) below shall be incurred in connection with the performance of such setc., will be reimbursed to Labor Relations Services, Inc. Specific Activities to be Performed D. For each activity, separately list in detail the information requires a. Nature of activity abor Relations Services, Inc. has been	7/12/02 7. Names of persons through whom made: Mr. Michael Stephens President & CFO ctivities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bar in the ctivities of employees or a labor organization in connection with a labor dispute involution with an administrative or arbitral proceeding or a criminal or civil judicial ins): The performed on an hourly fee basis at a rate of \$195 hour. Expenses
OAG HOSPITAL NE HOAG DRIVE EWPORT BEACH, CA 92658 Check the appropriate box to indicate whether an object of the act a. XX To persuade employees to exercise or not to exercise, or a collectively through representatives of their own choosing b. To supply an employer with information concerning the act ing such employer, except information for use solely in conceeding. Terms and conditions (Explain in detail; see Part B-9 of Instruction All services described in Section C10 (a) below shall be incurred in connection with the performance of such sect., will be reimbursed to Labor Relations Services, Inc. Specific Activities to be Performed D. For each activity, separately list in detail the information requires a. Nature of activity abor Relations Services, Inc. has been	7/12/02 7. Names of persons through whom made: Mr. Michael Stephens President & CFO ctivities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bar in the ctivities of employees or a labor organization in connection with a labor dispute involution with an administrative or arbitral proceeding or a criminal or civil judicial ins): The performed on an hourly fee basis at a rate of \$195 hour. Expenses
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NE HOAG DRIVE EWPORT BEACH, CA 92658 Check the appropriate box to indicate whether an object of the act a. XX To persuade employees to exercise or not to exercise, or a collectively through representatives of their own choosing b. To supply an employer with information concerning the acting such employer, except information for use solely in conceeding. Terms and conditions (Explain In detail; see Part B-9 of Instruction All services described in Section C10 (a) below shall be incurred in connection with the performance of such setc., will be reimbursed to Labor Relations Services, Inc. Specific Activities to be Performed D. For each activity, separately list in detail the information requires a. Nature of activity abor Relations Services, Inc. has been	7. Names of persons through whom made: Mr. Michael Stephens President & CFO ctivities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bar in the ctivities of employees or a labor organization in connection with a labor dispute involunction with an administrative or arbitral proceeding or a criminal or civil judicial ms): the performed on an hourly fee basis at a rate of \$195 hour. Expenses
Check the appropriate box to indicate whether an object of the activity abor Relations Services, Inc. has been	Mr. Michael Stephens President & CFO ativities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bar ativities of employees or a labor organization in connection with a labor dispute involunction with an administrative or arbitral proceeding or a criminal or civil judicial ans): The performed on an hourly fee basis at a rate of \$195 hour. Expenses
Check the appropriate box to indicate whether an object of the act a. XIX To persuade employees to exercise or not to exercise, or a collectively through representatives of their own choosing b. □ To supply an employer with information concerning the act ing such employer, except information for use solely in conceeding. Terms and conditions (Explain in detail; see Part B-9 of Instruction All services described in Section C10 (a) below shall be incurred in connection with the performance of such setc., will be reimbursed to Labor Relations Services, Inc. Specific Activities to be Performed Terms and conditions (Explain in detail the information requires a Nature of activity abor Relations Services, Inc. has been	President & CFO ctivities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bar intivities of employees or a labor organization in connection with a labor dispute inviting injunction with an administrative or arbitral proceeding or a criminal or civil judicial ins): the performed on an hourly fee basis at a rate of \$195 hour. Expenses
 a. XIX To persuade employees to exercise or not to exercise, or collectively through representatives of their own choosing b. ☐ To supply an employer with information concerning the acing such employer, except information for use solely in corceeding. Terms and conditions (Explain In detail; see Part B-9 of Instruction All services described in Section C10 (a) below shall be incurred in connection with the performance of such setc., will be reimbursed to Labor Relations Services, Inc. Specific Activities to be Performed For each activity, separately list in detail the information requires a. Nature of activity abor Relations Services, Inc. has been 	etivities undertaken, is directly or indirectly: persuade employees as to the manner of exercising, the right to organize and bar it in the persuade employees or a labor organization in connection with a labor dispute invalunction with an administrative or arbitral proceeding or a criminal or civil judicial ins): the performed on an hourly fee basis at a rate of \$195 hour. Expenses
 a. XIX To persuade employees to exercise or not to exercise, or collectively through representatives of their own choosing b. ☐ To supply an employer with information concerning the acing such employer, except information for use solely in corceeding. Terms and conditions (Explain In detail; see Part B-9 of Instruction All services described in Section C10 (a) below shall be incurred in connection with the performance of such setc., will be reimbursed to Labor Relations Services, Inc. Specific Activities to be Performed For each activity, separately list in detail the information requires a. Nature of activity abor Relations Services, Inc. has been 	persuade employees as to the manner of exercising, the right to organize and bar it in the persuade employees or a labor organization in connection with a labor dispute invalunction with an administrative or arbitral proceeding or a criminal or civil judicial ins): The performed on an hourly fee basis at a rate of \$195 hour. Expenses
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 For each activity, separately list in detail the information require Nature of activity abor Relations Services, Inc. has been 	
a. Nature of activity abor Relations Services, Inc. has been	
	ed (See Part C-10 of instructions):
	y exercise their rights to organize and bargain collectively. We will
	communicating in writing during the period immediately prior to the
conduct of a representation election.	
b. Period during which performed: c. Exten	nt performed:
Pendency of NLRB petition N	Ione as of this date
d. Names and addresses of persons through whom performed:	
John Hermann (Same address as #1) Ed Villanue	eva (Same address as #1) Rita Aguilar (Same address as #1)
Stave Power (Same address as #1) Michael Per	D D 1 - (C address of #1)
1. Identify (a) Subject employees, groups of employees, and (b) la	abor organizations:
	S Recd V
(a) All full-time and regular part-time employees.	JUL 292002

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: /////		
•			President	4/ ////\\		Treasurer
(If of	ther title, cross ouvend wri	te in correct title above.)		(If other title, cross out and write in c	correct title above.)	
	City	State	Date	City	State	Date
at:	Newport Beach	CA	07/12/02	at: Newport Beach	CA	7/12/02

U.S. Department Labor

Office of Labor-Manageme. ...andards



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,

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

(a) All full-time and regular part-time employees.

(b) TEAMSTER LOCAL #350

OMB No. 1214-0001

File No.

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): 2. Any other address where records necessary to verify this report are kept: Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 NONE Newport Beach, CA 92660 3. Date fiscal year ends: 4. Type of person: Corporation d. Other (Specify): a. Individual b. D Partnership 12/31/02 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): Date entered into: BFI WASTE SERVICES /2/02 7. Names of persons through whom made: 42600 BOYCE ROAD Mr. Ken Etherington FREMONT, CA 94538 District Manager 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. 15x 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): 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: Ed Villanueva (same as address #1) Delia Vital (same as address #1)

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:	
		President	Treas	surer
(If of	her title, cross ouvend write in correct title above.		(If other title, cross out and write in correct title above.)	
	City State	Date	City State Date	
at:	Newport Beach CA	orl:7/10/02	at: Newport Beach CA 7/10/02	

Recd

knowledge and belief, true, correct, and complete.

bywnd write in correct title above.)

State

Signed:

(If other title, cros

U.S. Department of Labor

Office of Labor-Management Standards





Treasurer

Date

State

This report is mandatory under P.L. 86-257 as amended. Fallure to comply may result in criminal prospecution, 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,

OMB No. 1214-0001

Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Flund 2. Any other address where records necessary to verify this report are kept: 1. Name and malling address (include ZIP code): Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 NONE Newport Beach, CA 92660 3. Date liscal year ends: 4. Type of person: c. Corporation a.

Individual b. D Partnership d. Other (Specify): 12/31/02 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: ENSIGN GROUP MAY 7, 2002 32232 PASEO ADELANTO, SUITE 100 7. Names of persons through whom made: SAN JUAN CAPISTRANO, CA 92675 GREG STAPLEY V.P. & GENERAL COUNSEL 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 proceeding. 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: ED VILLANUEVA (address same as item #1) (address same as item #1) RITA AGUILAR 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) All full-time and regular part-time employees. (b) SEIU LOCAL 250

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

President

Date

Slaned:

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