Signed:

(If other title, pross

at: West Caldwell

while in correct title above.)

State

NJ

Date

U.S. Department of Labor

Office of Labor-Management Standards



This rep. 't is mandatory under P.L. 86-257 as amended. Failure to comply may

OMB No. 1214-0001

A. Person Filing	· · · ·					
. Name and mailing address (in	clude ZIP code):		2. Any othe	r address where reco	ords necessary t	to verify this report are kep
nbelt Organizat	ion Services	, Inc.				
9 Bloomfield Ave			Ì			
st Caldwell, NJ						
Date fiscal year ends:	4. Type of person:					
12-03	a. 🗆 Individu	mi b. 🗆 Paurti	nership c	. ≥⊆ Corporation	d. 🗆 Other	(Specify):
B. Nature of Agreement or Ai	Tangemen!					
5. Full name and address of em		(include ZIP code)	;	6. Date entered inf	to:	
ForeFront Educ				9-5-03		
600 Hart Road	•	recuirca	I IIISU	7. Names of person	ne through when	m made:
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		ant of the collection	undadakan			
 Check the appropriate box to a.						right to according and be
a. Si re persuade employer collectively through re	es to exercise of hot to e presentatives of their ov	vn choosing.	na autholeas	de (O (Ne) Harakel Ol	oxercising, ine	uitur un ordanise aun baid
b. To supply an employe	•		of amployees	or a labor organizat	ion in connectio	en with a labor dispute invo
ing such employer, ex	cept information for use	solely in conjuncti	on with an adr	ministrative or arbitra	d proceeding or a	a criminal or civil judicial p
ceeding.						
•	n in detail; see Part 8-9 d	of instructions):				
ceeding. 7. Terms and conditions (Explain Company was emplo			sis wi	h no form	al writt	en agreements
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Date

on: 9-30-03

Secretary/Treasurer

State

ŊJ

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

City

on: 9-30-0 Bat: West Caldwell

U.S. Department of Labor

Office of Labor-Management Standards

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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. 0322 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: Sunbelt Organization Services, Inc. 759 Bloomfield Avenue, No. 142 West Caldwell, NJ 07006 3. Date fiscal year ends: 4. Type of person: a. 🗆 Individual b. D Partnership c. 2 Corporation d.

Other (Specify): 12 - 03B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): Salton, Inc. 9-9-2003 1955 W. Field Court 7. Names of persons through whom made: Lake Forest, IL 60045 William B. Rue, President & COO 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. XXTo 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 8-9 of instructions):

Company was employed on a per hour basis with no formal written agreements relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

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:

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

b. Period during which performed:	c. Extent performed:	
9-03/10-03	9-03	
d. Names and addresses of persons through whom p	erformed:	_

James Hulsizer and Luz Ceballos (Address as in #1 above)

1.	Identify (a) Subject employees,	groups	of employees, a	and (b) labor o	rcenizations:

All full-time and regular part-time employees including but not limited to - a) warehouse employees, pickers and packers, shipping & receiving, and "cycle accounts" employees at the Harrison, NJ, facility International Brotherhood of Teamsters, Local 194

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.	Signed: Mickelle Evano	Secr	etary/Treasurer	
(If other title, cross out and write in correct title above.)		CO	If other little, cross out and write in correc	t title above.)	le above.)	
al:West Caldwell	State NJ	Date on: 9-26-0	City But:West Caldwell	State NJ	Date on: 9-26-03	



U.S. Department 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).

File No. C. 0322

A. Person Filing		
1. Name and mailing address (ind Sunbelt Organizat 759 Bloomfield Av West Caldwell, No	ion Services, Inc venue, No. 142	Any other address where records necessary to verify this report are kept:
•••		
3. Date fiscal year ends:	4. Type of person: a. individual b.	Partnership c. ⊠ Corporation d. □ Other (Specify):
B. Nature of Agreement or Am	angement	ph.,
	oyer with whom made (include ZIP of ction Company, Inc	8-13-03
Newark, DE 19 8. Check the appropriate box to	7 0 2 ndicate whether an object of the act	livities undertaken, is directly or indirectly:
collectively through rep b. To supply an employer	presentatives of their own choosing. With information concerning the act	ersuade employees as to the manner of exercising, the right to organize and bargain ivities of employees or a labor organization in connection with a labor dispute involv- junction with an administrative or arbitral proceeding or a criminal or civil judicial pro-
Company was emi	ration or amount of	s): our basis with no formal written agreements of hours to be performed. Fee schedule based
C. Specific Activities to be Per	formed	
a. Nature of activity: Presented info:	istin detail the information required rmational meetings	s to company employees relative to the
process of unio	onization, the rol	le of the NLRB, and collective bargaining.
b. Period during which perio	rmed: c. Extent	performed:
8-03/9-03	8-	-03
d. Names and addresses of	persons through whom performed:	

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

J. Hulsizer

a) All full-time and regular part-time drivers

b) Laborers' International Union of America, Local 199

(Address as in #1 above)

S DOCTOR OF THE PROPERTY OF TH

D. Verification and Signature. The person in Item 1	I above and each of his undersigned authorized officers declares, under penalty of law, that all in-
formation in this report, including all attachments inc	orporated 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.	
Slaned:	Signed:

Signed:		President/	Signed: Wickelle Evano	Secr	Secretary/Treasurer	
(If other title, cross out and write in co	orrect title above.)	COC	(If other title, cross out and write in corre	ct title above.)		
CMY	State	Date	City	State	Date	
at: West Caldwell	NJ	on: 10-9-03	at: West Caldwell	LI	on: 10-9-03	

AMENDED

U.S. Department of Labor

Office of Labor-Management Standards

This report is mandatory under P.L. 86-257 as amended. Fallure 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 Relat	ions Consultants and O	ther individuals and	Organizations,
Inder Section 203(b)) of the Labor-Manage	ment Reporting and Dis	sclosure Act of 1958	9, as amended (LMRDA).

File No. C. 0322

Barry Baker, President

À,	Person Filing			
١.	Name and mailing address (include ZIP code):	2. Any other address where records necessary to verify this report are kept:		
	Sunbelt Organization Services 759 Bloomfield Avenue, No. 142 West Caldwell, NJ 07006			
3.	Date fiscal year ends: 4. Type of person: 12-03 a. □ Individual b. □ Partr	nership c. 🛭 Corporation d. 🗆 Other (Specify):		
₿.	Nature of Agreement or Arrangement			
5.	Full name and address of employer with whom made (include ZIP code):	6. Date entered into:		
	Colonial Trucking	8-13-03		
10 Adel Drive		7. Names of persons through whom made:		
	Marrark DF 19702-1331	· · · · · · · · · · · · · · · · · · ·		

- 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
 - a. 12 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 8-9 of instructions):

Company was employed on a per hour basis with no formal written agreements relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

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:
 Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.
 - b. Period during which performed:

 8-03/9-03

 c. Extent performed:

 8-03
 - d. Names and addresses of persons through whom performed:
 - J. Hulsizer (Address as in #1 above)
- 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:
- a) All full-time and regular part-time drivers
 b) Laborers' International Union of North America, Local 199
 International Brotherhood of Teamsters, Local 326

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all intermation 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 bellef, true, correct/and complete.

Signed:		President/	Mich Mation	Secr	etary/Treasurer
(If other title; eross out and write in	correct title above.)	COC	(If other title, cross out and write in correct	title above.)	
// City/	State	Date	City	State	Date
at: West caldwell	NJ	on: 10-14-0	a: West Caldwell	NJ	on: $10-14-03$