# Agreement and Activities Report

U.S. Department of Labor Employment Standards Imministration Office of Labor-Manage.....nt Standards



This report is mandatory under P.L. 86-257 as amended. Falture 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 07-31-2004

FUE NO. C. STA

A. Person Filing						
Name and maling address (in		2. /	any other add	ress where records I	necessary to verify	this report are kept:
J.W.H. Aviation d/	•	į,	N/A			
J.W. Hickey & Asso			N/ ES			
6100 Channingway B Columbus, OH 43232	iva., Suite 20	'5				
Date fiscal year ends:	4. Type of person:	·····				<del> </del>
12/31/03	a. 🗆 individu		tnership c	. ☑ Corporation	d. 🗆 Other (Sp	ecify):
" of Agreement or A	Lrrangement			<del> </del>		
Full name and address of en		ide (Include ZIP c	:ode): 6	. Date entered into:		
Autumn Court			1_	3/26/03		
1925 East 4th Stre	et		. [7	. Names of persons	through whom ma	ide:
Ottawa, OH 45875				Trev Ciervo		
Check the appropriate box to						
To persuade emple organize and bargs	oyees to exercise or ain collectively throug	not to exercise, h representative	or persuade s of their ow	employees as to to choosing.	he manner of exe	rcising, the right to
b. XX To supply an emplo					rganization in con administrative or	nection with a labor arbitral proceeding
Terms and conditions (Expla		-9 of instructions)			·	
1. Be available t				questions and	leducate the	em regarding
being members						<i>y y</i>
2. Provide employ					a union.	
3. Represent Empl		***	···	m*		
2	<b></b>		-	_		
. Specific Activities to be	Performed	_···				
. For each activity, separately	v list in detail the infor		A A			
			500 PAT \$10	of instructions):		
	,	makan sadan ac /	See Part C-10	of instructions):		
a. Nature of activity:		makat isçatise (	See Part C-10	of instructions):		
a. Nature of activity:	, , , , , , , , , , , , , , , , , , , ,	makan raqan ac (	See Part C-10	of instructions):		
	,	manen isquiec (	See Part C-10	of instructions):		
a. Nature of activity:	,	manen isquiec (		of instructions):		
a. Nature of activity:  See "9" above.		c. Extent perfor		of instructions):		
a. Nature of activity:		c. Extent perfor	med: ion to e:	mployees comp	oleted, Unfa	ir Labor Pract
a. Nature of activity:  See "9" above.		c. Extent perfor	med: ion to e:	mployees comp	oleted, Unfa	ir Labor Pract
a. Nature of activity:  See "9" above.  b. Period during which possible production productions are selected as a s	erformed: esent	c. Extent performat Informat Proceedi	med: ion to e: ngs cont	mployees comp	oleted, Unfa	ir Labor Pract
a. Nature of activity:  See "9" above.  b. Period during which p 3/26/03 through pr	erformed: esent s of persons through	c. Extent performat Informat Proceedi whom performe	med: ion to e: ngs cont	mployees comp	oleted, Unfa	ir Labor Pract
a. Nature of activity:  See "9" above.  b. Period during which possible of the property of the	erformed: esent s of persons through	c. Extent performat Informat Proceedi whom performe	med: ion to e: ngs cont	mployees comp	oleted, Unfa	ir Labor Pract
a. Nature of activity:  See "9" above.  b. Period during which p 3/26/03 through pr	erformed: esent s of persons through	c. Extent performat Informat Proceedi whom performe	med: ion to e: ngs cont	mployees comp	oleted, Unfa	ir Labor Pract.
a. Nature of activity:  See "9" above.  b. Period during which p 3/26/03 through pr  d. Names and addresse Employees of J	erformed: esent s of persons through .W. Hickey & A	c. Extent performat Informat Proceedi whom performer ssociates	ion to e ngs cont d:	mployees comp inue.	oleted, Unfa	ir Labor Pract
a. Nature of activity:  See "9" above.  b. Period during which p 3/26/03 through priod.  d. Names and addresse Employees of J	erformed: esent s of persons through .W. Hickey & A	c. Extent performat Informat Proceedi whom performed ssociates	. ion to e: ngs cont d: rorganization	mployees comp inue. is:		JM23700
a. Nature of activity:  See "9" above.  b. Period during which p 3/26/03 through pr  d. Names and addresse Employees of J	erformed: esent s of persons through .W. Hickey & A ees, groups of employers, Dietary Ai	c. Extent performation Information Proceedia whom performed associates ees, and (b) laborides, Cooks	rmed: ion to exings cont d: rorganization	mployees comp inue. is:		JM23 7803
a. Nature of activity:  See "9" above.  b. Period during which p 3/26/03 through pr  d. Names and addresse Employees of J  Identify (a) Subject employees STNA's, Housekeepe	erformed: esent s of persons through .W. Hickey & A ees, groups of employers, Dietary Ai	c. Extent performation Information Proceedia whom performed associates ees, and (b) laborides, Cooks	rmed: ion to exings cont d: rorganization	mployees comp inue. is:		JM23 786
a. Nature of activity:  See "9" above.  b. Period during which p 3/26/03 through pr  d. Names and addresse Employees of J  Identify (a) Subject employe STNA's, Housekeepe Aides and Maintena	erformed: esent  s of persons through .W. Hickey & A  ess, groups of employers, Dietary Ai moe Helpers/Tr	c. Extent performat Informat Proceedi whom performent ssociates es, and (b) laborides, Cooks cansporters	rmed: ion to e ngs cont d: r organization , Laundr	mployees comp inue. s: y Employees,		JM23 7865
a. Nature of activity:  See "9" above.  b. Period during which p 3/26/03 through pr  d. Names and addresse Employees of J  Identify (a) Subject employees STNA's, Housekeepe Aides and Maintena	erformed: esent s of persons through .W. Hickey & A ees, groups of employers, Dietary Ai nce Helpers/Th	c. Extent performat Informat Proceedi. whom performed associates ees, and (b) laborates cansporters. Union/Dist.	rorganization , Laundr	mployees comp inue. s: y Employees,	Activity Aio	les, Restoration
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a. Nature of activity:  See "9" above.  b. Period during which p 3/26/03 through pr  d. Names and addresse Employees of J  Identify (a) Subject employee STNA's, Housekeepe Aides and Maintena Service Employees  Verilication and Signatur at all information in this report the best of his knowledge an	erformed: esent  s of persons through .W. Hickey & A  ess, groups of employers, Dietary Ai moe Helpers/Th  International e. The person in item t, including all attachm	c. Extent performate Informate Proceedia whom performed associates ees, and (b) laborates Cooks cansporters Union/Dist	rmed: ion to eximps cont d: rorganization , Laundr rict 119 th of his unde	mployees compinue.  inue.  is: y Employees, g	Activity Aid	les, Restoration
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a. Nature of activity:  See "9" above.  b. Period during which p 3/26/03 through pr  d. Names and addresse Employees of J  Identify (a) Subject employe STNA's, Housekeepe Aides and Maintena Service Employees  Vertication and Signatur at all information in this report the best of Mis knowledge and gned:  other title, cross out and write	erformed: esent  s of persons through  .W. Hickey & A  ess, groups of employers, Dietary Ai moe Helpers/Th  International e. The person in item t, including all attachm d belief, true, correct, e in correct title above	c. Extent performat Proceedi. Proceedi. whom performed ssociates ess, and (b) laborates. Cooks cansporters Union/Dist. 1 above and each ents incorporate and complete. Preside	rorganization rorganization rict 119 th of his under d therein or re	inue.  is: y Employees, graigned authorized offerred to in this repo	Activity Aid officers declares, u ort, has been exam	nder penalty of law, ained by him and is,  Treasurer above.)
s. Nature of activity:  See "9" above.  b. Period during which p 3/26/03 through pr  d. Names and addresse Employees of J  Identify (a) Subject employe STNA's, Housekeepe Aides and Maintena Service Employees  Verification and Signatur at all information in this report the best of his knowledge and gned:  other title, cross out and write City	erformed: esent  s of persons through  .W. Hickey & A  ess, groups of employers, Dietary Ai moe Helpers/Th  International  t. The person in item t, including all attachm d belief, true, corract,	c. Extent performat Informat Proceedi whom performer ssociates  ees, and (b) labored ses, Cooks ransporters  Union/Dist  1 above and each sents incorporate and complete.  Preside	rorganization rorganization rict 119 th of his under d therein or re	mployees compinue.  inue.  s: y Employees,  graigned authorized of ferred to in this repo	Activity Aid	des, Restoration and penalty of law, ained by him and is,

### Agreement and Activities Report



U.S. Department of Labor Employment Standard dministration Office of Labor-Management Standards



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Form approved – OMB No. 1215-0188 Expires 07-31-2004

to beniupeR	Persons,	including La	bor Relation	ns Consultar	nts and Other	Individuals	and Orga	nizations,	
Jnder Section	on 203(b)	of the Labo	r-Managem	ent Reportin	g and Disclos	sure Act of	1959, as a	mended (Li	MRDA).
·······									

File No. C. 571

Under Section 203(b) of the Labor		ng and Disclosure Act of		A).
A. Person Filing				
1. Name and maling address (included to the state of the	ade ZIP code):	2. Any other	address where records r	vecessary to verify this report are kept:
J.W.H. Aviation d/b J.W. Hickey & Assoc		N/A		·
6100 Channingway Bl		1 '		
Columbus, OH 43232				
3. Date fiscal year ends:	4. Type of person:			
12/31/03	a. 🗆 individua	il b. 🗆 Partnership	c. 🔯 Corporation	d. Cther (Specify):
" Metrine of Agreement or An	angement			
5. Full name and address of emp	loyer with whom mad	e (include ZIP code):	6. Date entered into:	4.60.400
The Gardens at Wapa 505 Walnut Street	koneta			4/2/03
Wapakoneta, OH 4589	5		7. Names of persons Trev Ciervo	through whom made:
8. Check the appropriate box to		nigot of the activities (x)	1	iractiv-
a. KX To persuade employ	ees to exercise or n	of to exercise, or ners	uade employees as to the	ne manner of exercising, the right to
organize and bargain	collectively through	representatives of the	r own choosing.	
b. KX To supply an employe	er with information co	ncerning the activities	of employees or a labor of	rganization in connection with a labor
or a criminal or civil	n employer, except it udicial proceeding.	normation for use spie	ly in conjunction with an	administrative or arbitral proceeding
9. Terms and conditions (Explain	in detail: see Part 8-9	of instructions):	······································	
<ol> <li>Conduct meeting</li> </ol>	s with the emp	oloyer's employ		to educate them regarding
	_		ollective bargai	<del>~</del>
				a labor organization.
3. Represent Employ	yer in Unfair	Labor Practice	proceedings.	
	***************************************		·····	
C. Specific Activities to be P				
<ol><li>For each activity, separately I</li></ol>	ist in getali the knorm	Micon required (See Part	C-10 of instructions):	
<ul> <li>a. Nature of activity:</li> </ul>		•		
See "9" above.				
		•		
b. Period during which per	formed:	c. Extent performed:		
4/2/03 to pres		Meetings and	providing employ	ees information completed
		Unitali Labor	Practice Proceed	ings continue.
d. Names and addresses	of persons through wi	hom performed:		
Employees of J.V	I Hideox S Bo	acai staa		
amproyees or an	* urckel a ve	SOCIALES		
1 Identify (a) Cubine				
1. Identify (a) Subject employee:				600 A
Resident Care Provi	ders, Dietary	and Housekeepi	ng Emptoyees	HINCO 7001
Service Employees I	atamatianal t	mion Diatriat	1100	JN23203
service mibitoyees in	ivernationar (	AHOH/DISTIFICE	エエフフ	
D. Verfication and Clause	T			
that all information in this report, in the best of his knowledge and I	ncluding all attachmer	nts incorporated therein	indersigned authorized of or referred to in this repo	fficers declares, under penalty of law, rt, has been examined by him and is,
Signed:		Signe President	d:	Treasurer
If other title, cross out and write i	correct title above.)	\ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	er title, cross out and wri	
- Cltv	State	Date	City	State Date
ati (olumbus	OH	on: 6/16/10:		on:
		1 /		

# Agreement and Activities Paport

# U.S. Departm →t of Labor

Employment Standa. Las Administration Office of Labor-Management Standards



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uired of Persons, including Labor Relations Consultants and Other Individuals and Organizations, or Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).	File No.	c. 57	0
Company Filtran			****

1 Ocean Fill				
A. Person Filling				
<ol> <li>Name and maling add J.W.H. Aviation</li> </ol>	ress (include ZIP code):	2. Any	other address where records r	necessary to verify this report are kept:
	Associates, Inc.	N/A	i	
	way Blvd., Suite 2		•	
<u>Columbus</u> , OH (	43232			
3. Date fiscal year ends:	4. Type of perso	n:		
12/31/03	a, 🗆 Indivi	dual b, 🗆 Partner	ship c. 🖄 Corporation	d. Other (Specify):
	nt or Arrangement	***		
	ss of employer with whom n		): 6. Date entered Into:	4/3/03
	Healthcare Center	-	7 Namas of passage	through whom made:
603 East Mair			Trev Ciervo	(IIIOugh Mion) Indus.
Cridersville		a Chiect of the activities	s undertaken, is directly or ind	irectly:
a. KX To persuad		r not to exercise, or	persuade employees as to ti	ne manner of exercising, the right to
b. XX To supply a	employer with information	concerning the activi	ties of employees or a labor o	rganization in connection with a labor administrative or arbitral proceeding
or a crimina	or civil judicial proceeding	J	solely in conjunction with an	administrative or arbitral proceeding
9. Terms and condition:	(Explain in detail; see Part	B-9 of instructions):		•
1. Conduct n	meetings with the	employer's emp	oloyees in an effor	t to educate them regardi
being mer	mbers of a labor o	organization ar	d collective barga	ining.
2. Provide e	employees with mat	erial regardir	ng being members of	a labor organization.
C. Specific Activities				
s. Nature of activity See "9" al				
b. Period during a	bish madarmadi	c. Extent performe	· 1:	
b. Period during v	•	c. Extent performe		
b. Period during v 4/3/03 to 5/3	•	c. Extent performer	<b>1</b> :	
4/3/03 to 5/2 d. Names and ad	•	Completed h whom performed:	<b>1</b> :	Finanti P
4/3/03 to 5/1 d. Names and ad Employees	dresses of persons throug	Completed h whom performed: Associates	*	JN23283
4/3/03 to 5/1 d. Names and ad Employees	4/03 dresses of persons throug	Completed h whom performed: Associates	*	JN23786
d. Names and ad Employees  11. Identify (a) Subject 6	dresses of persons throug of J.W. Hickey &	Completed h whom performed: Associates  byees, and (b) labor or	*	JU23200 JU23200 and Housekeeping
d. Names and ad Employees  11. Identify (a) Subject of Nurse Aides, Employees	dresses of persons throug of J.W. Hickey &	Completed h whom performed: Associates oyees, and (b) labor or i, Laundry Empl	ganizations: oyees, Activities	and Housekeeping
d. Names and ad Employees  11. Identify (a) Subject of Nurse Aides, Employees Service Emplo D. Verilication and Sithat all information in thi	dresses of persons throug of J.W. Hickey & imployees, groups of employees Dietary Employees byees International grature. The person in item	Completed h whom performed: Associates  yees, and (b) labor or i, Laundry Empl al Union/Distri m 1 above and each or ments incorporated the	ganizations: oyees, Activities ct 1199 his undersigned authorized o	and Housekeeping  fficers declares, under penalty of law, on, has been examined by him and is,
d. Names and ad Employees  11. Identify (a) Subject of Nurse Aides, Employees Service Emplo D. Vertication and Sithat all information in this to the best of his knowle	dresses of persons throug of J.W. Hickey & Imployees, groups of employees Dietary Employees byees International grature. The person in items report, including all attach	Completed h whom performed: Associates oyees, and (b) labor or to Laundry Empl al Union/Distri m 1 above and each of ments incorporated th t, and complete.	ganizations: oyees, Activities ct 1199 his undersigned authorized o	fficers declares, under penalty of law.
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d. Names and ad Employees  11. Identify (a) Subject of Nurse Aides, Employees Service Emplo D. Vertication and Sithat all information in this to the best of his knowle Signed:	dresses of persons throug of J.W. Hickey & International grature. The person in item is report, including all attach dge and belief, true, person	Completed h whom performed: Associates  yees, and (b) labor or to Laundry Empl al Union/Distri m 1 above and each of ments incorporated the t, and complete.  President	ganizations: Oyees, Activities oct 1199 This undersigned authorized of arein or referred to in this repo	fficers declares, under penalty of law, et, has been examined by him and is.  Treasurer