U.S. Department of Labor

Employment Standar \dministration
Office of Labor-Manag...ent 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.

Form approved - OMB No. 1215-0188 Expires 11-30-2002

A. Person Filing	
. Name and maling address (include ZIP code):	2. Any other address where records necessary to verify this report are ke
T. H. Hazzard, Inc 310 GREENSBORO Ct. Boise, ID 83705	
3. Date fiscal year ends: 4. Type of person	
Dec. 31	
B. Nature of Agreement or Arrangement	
Full name and address of employer with whom m	ade (include ZIP code): 6. Date entered into: July 4, 2002
KING B, Inc. 1690 S. Yellowstone	7. Names of persons through whom made:
	object of the activities undertaken, is directly or indirectly:
organize and bargain collectively through. To supply an employer with information	not to exercise, or persuade employees as to the manner of exercising, the right gh representatives of their own choosing. concerning the activities of employees or a labor organization in connection with a lab tinformation for use solely in conjunction with an administrative or arbitral proceeding.
9. Terms and conditions (Explain in detail; see Part i	3-9 of instructions):
There was no written contr Employee meetings \$120	DRY CA pros
and the second s	(if party tillus cross our anni write in connect tide haceved.
C. Specific Activities to be Performed	Paging 401)
10. For each activity, separately list in detail the info	rmation required (See Part C-10 of instructions):
a. Nature of activity: Conduct pre-e employees' ri programs and	election meetings for employees to explain ghts under the law and to outline company benefits
b. Period during which performed:	c. Extent performed:
b. Period during which performed: August 2 and 8	c. Extent performed: 2 employee meetings
	2 employee meetings
August 2 and 8	2 employee meetings
August 2 and 8 d. Names and addresses of persons through Above	whom performed:
August 2 and 8 d. Names and addresses of persons through Above 11. Identify (a) Subject employees, groups of employ All production and maint D. Verfication and Signature. The person in item that all information in this report, including all attachments.	whom performed: wees, and (b) labor organizations: enance employees at above and each of his undersigned authorized officers declares, under penalty of law ments incorporated therein or referred to in this report, has been examined by him and is
August 2 and 8 d. Names and addresses of persons through Above 11. Identify (a) Subject employees, groups of employ All production and maint D. Verfication and Signature. The person in item that all information in this report, including all attache to the best of his knowledge and belief, true, correct	whom performed: wees, and (b) labor organizations: enance employees at above and each of his undersigned authorized officers declares, under penalty of law ments incorporated therein or referred to in this report, has been examined by him and is
August 2 and 8 d. Names and addresses of persons through Above 11. Identify (a) Subject employees, groups of employ All production and maint D. Verfleation and Signature. The person in item that all information in this report, including all attachmates.	whom performed: wees, and (b) labor organizations: enance employees 11 above and each of his undersigned authorized officers declares, under penalty of law ments incorporated therein or referred to in this report, has been examined by him and is and complete. Signed: S