

OMB No. 1517-0047  
03/28/03

File No. C. 530C

1. Name and mailing address (include ZIP code)	2. Any other address where records necessary to verify this report are kept
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3. Date fiscal year ends: 12/31/08

3. Full name and address of employer with whom trade (include ZIP code): U. S. G. Wilson 11110

ENGINE POWER COMPONENTS, P.O. BOX 837  
1333 FULTON ST. GRAND HAVEN, MI. 49417

05/13/2018  
7. Name of person through whom made: OWNER  
MARK DUIGG

3. 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 collectively through representatives of their own choosing.

b. ☐ To supply and 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.

ONE (1) CONSULTANT FOR A TOTAL OF TWELVE (12) DAYS TO INCLUDE THE DATES: 05/13/2008 - 05/24/2008. RATE OF \$100.00 PER DAY FOR TWELVE (12) WORK DAYS.

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

2. Nature of activity: CIRCULATE AMONG THE EMPLOYEE ON THE WORK SITE TO ANSWER QUESTIONS.

b. Period during which performed:	c. Span performed:
05/13-05/24/2008-12 DAYS	Completed

d. Names and addresses of persons through whom performed: **ENGINE POWER COMPONENTS**  
**SAME AS ABOVE** **P.O. Box 837**  
**1333 FULTON ST.**  
**GRAND HAVEN, MT. 59417-0837**

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

A) HOURLY EMPLOYEES AT ABOVE MENTIONED SITE (210  
B) UNION REPRESENTED - UAW

B. 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: Charles K. Smith President Signed: N/A Treasurer

(If other title, group #4 and write in correct title above.)

207 GAYLANE DR. COLUMBUS, ME. 39702 N/A

Only use the system for the collection of information if essential to operations or research, including the time for research, planning, training, creating data systems, gathering and maintaining the data needed, and compliance; (ii) reviewing the collection of information; and (iii) reporting such burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the Office of Paperwork Reduction Project (1010-0041), Washington, D.C. 20503.

Form 11-25  
(Rev. 1-80)

