Agreement and Activit. Report

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB No. 1215-0188 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. Expires 11-30-2002 File No. 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). A. Person Filing 2. Any other address where records necessary to verify this report are kep 1. Name and maling address (include ZIP code): CBC Consulting, Ltd. 5900 Lorac Dr., Suite 101 Clarkston, MI 48346 3. Date fiscal year ends: 4. Type of person: b. Partnership c. Corporation d. Other (Specify): 12-31-02 a. Individual B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): Cintas Corporation 910/2 N. Slawhington St.

The Roma IN 46961

Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: 7. Names of persons through whom made: 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 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): For services rendered during the union campaign. To answer questions of management, and employees concerning the law so as not to violate the employees' rights or the rights of the union. Included would be group meetings with employees. \$ 79 900.00 to be received by check. 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: Group meetings with employees. b. Period during which performed: c. Extent performed: 4-02 thru 6-02 Complete d. Names and addresses of persons through whom performed: Address - Same as #1 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Employees of

D. Verfication 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 Treasure (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) City State Date State Date Clarkston at: MI Clarkston

Cintas Corporation - Kokomo, Indiana

MI

at:

U.S. Departi it of Labor

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Required of Persons, including Labo Under Section 203(b) of the Labor-N						File No.	c. 272
A. Person Filing							
CBC Consulting, Ltc 5900 Lorac Dr., Su Clarkston, MI 483	d. ite 101	2. An	ny other add	ress where reco	ords necess	sary to verif	fy this report are ke
3. Date fiscal year ends:	4. Type of person:						
12-31-02	a. 🗆 Individual	b. 🗆 Partn	nership o	Corporat	tion d. 🗆	Other (S	pecify):
B. Nature of Agreement or Arra							
b. To supply an employed dispute involving such or a criminal or civil june. 9. Terms and conditions (Explain) For services rend of management, and the employees' ringroup meetings with the conditions of the employees of management. C. Specific Activities to be Performance of activity:	dicate whether an object es to exercise or not to collectively through represent of employer, except information concern employer, except information proceeding. In detail; see Part B-9 of independent of employees of the employees of the employees.	t of the activity of exercise, or resentatives rning the action for us instructions): the unice concerning the un	or persuades of their ow ivities of ense solely in on camping the of the	7. Names of per Lower liken, is directly of the employees as an choosing. In conjunction with the paign. The law so union.	rsons through the man administration of the	nner of extended and the constrative of the constraints of the constra	ercising, the right onnection with a lab or arbitral proceedings as tions riolate
b Dodadal i i i i i i i i i i i i i i i i i i i				***************************************			
b. Period during which perf		xtent perform	ned:				
7-02 thru 8	-02		Comp1	ete			
d. Names and addresses of Address - Same	as #1			***************************************			
11. Identify (a) Subject employees	, groups of employees, a	nd (b) labor	organization	ns:			
	antas Corp				tchee	, sha	_
D. Verfication and Signature. that all information in this report, in to the best of his knowledge and b	Ciudino an anachments i	ncorporated t	of his under therein or re	rsigned authorize	ed officers report, has	declares, c	inder penalty of law nined by him and is
Signed:		President	Signed:	well &	2/1	11	9 7149
(If other title, cross out and write in	correct title above)	riesident	-	tle gross sut a	d weite in	See at title	Treasure
014		ate	CT	City	Sta		Date

on: 10-15-02 at: Clarkston

on: 10-15-02

MI

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result in criminal prosecution, f	ines and civil penalties	as provided by 25	U.S.C. 439, 440.	pires 11-30-2002		
Required of Persons, including Labo Under Section 203(b) of the Labor-				FII. No. C. 272		
A. Person Filling						
 Name and maling address (included) 	CONTRACTOR OF THE PROPERTY OF	2. Any other a	address where records neces	ssary to verify this report are ke		
CBC Consulting, Lt			*			
5900 Lorac Dr., Su						
Clarkston, MI 483	46					
3. Date fiscal year ends:	4. Type of person:			(016-)		
12-31- 02		Partnership	c. Corporation d. i	Other (Specify):		
B. Nature of Agreement or Arra			To Date entered into			
5. Full name and address of emplo Schenkle Dairy		ude ZIP code):	6. Date entered into: 05-02			
1019 Flaxmill Roa			7. Names of persons through whom made:			
Huntington, IN			Neil Finerty			
8. Check the appropriate box to in a. To persuade employe						
10 persuade employe	collectively through repres	sentatives of their	ade employees as to the m own choosing.	anner of exercising, the right		
 b. To supply an employe 	r with information concerning employer, except information	ng the activities of	employees or a labor organ	ization in connection with a lab inistrative or arbitral proceedi		
9. Terms and conditions (Explain	in detail; see Part B-9 of inst	ructions):				
For services reno	id employees co	e union car	mpaign. To answ	wer questions		
of management, and the employees' ra	ights or the ri	ncerning ti	ne law so as no	ot to violate		
group meetings w	th employees	gues of the	e union. Inclu	led would be		
0.0	employees.	7 21,000.0	to be rece	erved by check.		
C. Specific Activities to be Pe			10.11			
 For each activity, separately li a. Nature of activity: 	st in detail the information re	equired (See Part C	-10 of instructions):			
Group meeting	gs with employed	es.				
b. Period during which perf	ormed: c. Exte	ent performed:		26		
05-02 thru 0	5-02	0	am	200		
		_	olete	a d		
d. Names and addresses of	f persons through whom p	erformed:				
Address - Same						
Philip Craft, C	harles LaMarre					
11. Identify (a) Subject employees	, groups of employees, and	(b) labor organizat	ions:			
Employees of	Schenkle Dairy	- Divisio	n of Dean Foods			
	,		32 20411 100015			
D. Verfication and Signature. that all information in this report in	The person in item 1 above	and each of his und	dersigned authorized officers	declares, under penalty of lav		
that all information in this report, in	cluding all attachments inco	orporated therein or	referred to in this report, has	s been examined by him and is		

	erfication and Signate all information in this repo best of his knowledge a		in item 1 above and each	of his undersigned herein or referred	authorized to in this re	officers declares port, has been ex	, under penalty of lav amined by him and is
Signe	ed: Kmul TI	ha :	Pracidost	Signed:	40.	Ceaff	Treasur
1 011	her title, cross out and wi	ite in correct title	above.)	(If other title, cros	ss out and v	write in correct title	e above.)
at:	Clarkston	State MI	Date on: 7/18/02	City at: Clarks		State MI	Date on: 7/18/02
					\		Form I M 20