U.S. Depart ont of Labor

Employment Standards Administration 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.

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

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. 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 kept: DRVID P. SIMS - BTTDENEY 1. Name and maling address (include ZIP code): 1200 HIGHRISON BOX 265 LKINS, w 3. Date fiscal year ends: 4. Type of person: b. Partnership c. & Corporation d. Other (Specify): a Individual B. Nature of Agreement or Arrangement Full name and address of employer with whom made (include ZIP code): BUNTY SENIOR CITIZENS CHR. 4-2-02 FOR W. MAINS TREET Names of persons through whom made: CLARESBURG, WY 26301 Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: 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 8-9 of instructions): PETAINE CITTLENS CENTER, INC. 10 CONSULT WESELUTIVE DIRECTOR & DOARD AND INFORM EMPLOYEES AND SUPERVISORS OF THE HISTORY & SUCCESS OF DISTRICT 1199- MENTH CARE & SOCIAL SERVICE UNION-SEILE IN LIMANTZ 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: IRANNED SESSIONS WISSPERVASORS ON DOS 9 176N DRAWIZATIONAL ASSEMENT SURVEY W/ENIPHYEES. REVIEWE & procedures · REVIEWED WAGES c. Extent performed: b. Period during which performed: ONCLUDED d. Names and addresses of persons through whom perfor BUNTY SENIOR CITIZENS CHR, INC. YNTHIA 6. FREEM 11. Identify (a) Subject employees, groups of employees, and (b) I organizations:

OPERNISORS OF EMPLOYEES OF HARRISON COUNTY SENIOR CITIZENS C. -HEAlth CARE & SOCIAL SERVICE UNION SEIL 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, tous, correct, and complete. President gut and write in correct title above.) (If other title, cross out and write in correct title above.)

Date

City

Date