knowledge and belief, true, correct, and complete.

(If other title, cross out and write in correct title above.)

City

Scottsdale

Signed:

U.S. Department of Labor

Office of Labor-Managem. ,ta

dards



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.

OMB No. 1214-0001 12/31/86

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).

File No. C. -0322

Under Section 203(b) of the Labor-Management Reporting and Disclos	sure Act or 1959, as amended (LMADA).	
A. Person Filing		
Name and mailing address (include ZIP code):	2. Any other address where records necessary to verify this report are ke	pt:
Sunbelt Organization Services, I	inc.	
8711 East Pinnacle Peak Road, #2	87	
Suite F-110 ·		
Scottsdale, Arizona 85255		
Date fiscal year ends: 4. Type of person:	**	
12-01	□ Partnership c. 🔁 Corporation d. □ Other (Specify):	
B. Nature of Agreement or Arrangement		
5. Full name and address of employer with whom made (include ZII	P code): 6. Date entered into: 4-25-01	
Apex Waste Management	7. Names of persons through whom made:	
R.D. #2, Box 2379, Fowlersville Berwick, PA 18603	William Gallagher, Dist. Mg:	~
Check the appropriate box to indicate whether an object of the a		L .
77	r persuade employees as to the manner of exercising, the right to organize and barg	noin
collectively through representatives of their own choosing	g.	
	ctivities of employees or a labor organization in connection with a labor dispute involution with an administrative or arbitral proceeding or a criminal or civil judicial proceeding or a criminal or civil proceeding or a criminal or civil proceeding or c	
9. Terms and conditions (Explain in detail; see Part B-9 of instruction	ons):	
Company was amployed on a new ho	our basis with no formal written agreemen	n+a
	f hours to be performed. Fee schedule base	
on a per hour rate.	ree schedule bar	seu
or a por mour race.		
C. Specific Activities to be Performed		
For each activity, separately list in detail the information require	ed (See Part C-10 of instructions):	
a. Nature of activity:		
of uniquitation the role of the	to company employees relative to the processing, and collective bargaining.	ess
of unionization, the fore of the	NERB, and corrective bargarning.	
b. Period during which performed: c. Exter	nt performed:	
b. Period during which periorined.	n periorited.	
4-01/5-01	4-01	
d. Names and addresses of persons through whom performed:		1
B. A. Housel (Address as in #1 a	. MAY 1 6 2001	7///
11. Identify (a) Subject employees, groups of employees, and (b) la	bor organizations:	1
a) Drivers, throwers & utility m	USDOL/FCA	
b) Teamsters, Local 764		
D. Verification and Signature. The person in item 1 above and e	each of his undersigned authorized officers declares, under penalty of law, that all	in-

tormation 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

Chairman/CEO

Date

on: 5-1-01

State

Signed:

(If other title, cross out and write in correct title above.)

City

State

Secretary/ Treasurer

Date

U.S. Department of Labor

Office of Labor-Managen

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.

OMB No. 1214-0001

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).

File No. C. -0322

Order Section 200(b) of the Cabor-Management Reporting and Discosure Ac	to 1959, as afferioed (LIMIDA).		
A. Person Filing			
 Name and mailing address (include ZIP code): 	2. Any other address where records necessary to verify this report are kept:		
Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 Suite F-110 Scottsdale, Arizona 85255			
Date fiscal year ends:			
a. Individual b. Part	nership c. 🖔 Corporation d. 🗆 Other (Specify):		
B. Nature of Agreement or Arrangement			
 Full name and address of employer with whom made (include ZIP code) MJM Studios of New York, Inc. 	6. Date entered into: 4 - 1 6 - 0 1		
453 State Route 17K	7. Names of persons through whom made:		
Rock Tavern, NY 12575	Dennis Berry		
8. Check the appropriate box to indicate whether an object of the activitie	s 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 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):

Company was employed on a per hour basis with no formal written agreements relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

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:

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

b. Period during which performed:	c. Extent performed:		BEE	OVE	
4-01/5-01	4-01	ID	E 6 E	U W 15	INIT
d. Names and addresses of persons through whom	performed:	1/11	MAY I	6 2001	TIUI
M. G. Gibbons, B. A. Housel	(Addresses as in #1 above)	1			keen
			USDOL	/ESA	
11. Identify (a) Subject employees, groups of employees	and (b) labor organizations:	Amount :	O E INOT D	JC/ OND	

- a) All FT & reg. PT carpenters & welders, including wood form workers, finish carpenters & metal workers
 - b) IATSE, Local 311
- D. 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.

Signe	id: / , /	Ch	airman/CEO President	Signed: June h	. Herbert	Secretary/
(If oth	ner title, cross out and write	e in correct title above.)	(If other title, cross out and write	e in correct title above.)	
	City	State	Date	City	State	Date
at:	Scottsdale	Arizona	on: $4-18-01$	at: Scottsdale	Arizona	on: 4-18-01

at: Scottsdale Arizona

U.S. Department of Labor

Office of Labor-Managen. Standar



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.

OMB No. 1214-0001 12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations,

File No. C. -0322

Under Section 203(b) of the La	bor-Management Reporting	and Disclosure Act	of 1959, as amended (LMRDA).	riie No. C.	-0322
A. Person Filing		·			
Name and mailing address	(include ZIP code):		2. Any other address where record	ds necessary to verify	this report are kept:
Sunbelt Organi 8711 East Pinn Suite F-110 ·	acle Peak Roa				
Scottsdale, Ar					
3. Date fiscal year ends:	4. Type of person:	al b 🗆 Banda	nership c. 🖔 Corporation	d - Other/Speek	h.).
12-01	a. 🗆 Individua	al b. 🗆 Parti	nership c. to Corporation	d. Other (Specification)	ry):
B. Nature of Agreement or	Arrangement				
5. Full name and address of e		(include ZIP code)		0-01	
Excel Transfer 876 North Leno		0 6P	7. Names of persons	through whom made:	
Moorestown, NJ		е ов		A. Simon, J	
		ect of the activities	undertaken, is directly or indirectly:		
a. To persuade emplor collectively through	yees to exercise or not to e representatives of their ov	exercise, or persua vn choosing.	de employees as to the manner of e	xercising, the right to	organize and bargain
			of employees or a labor organizatio on with an administrative or arbitral p		
9. Terms and conditions (Exp.	lain in detail: see Part R-9 (of instructions):			
o. Tomo and conditions (Exp.	annin dotan, door an 2 o	a mondotrono,			
				_	
			basis with no for		
on a per hour		unt of no	urs to be performe	a. Fee sch	ledule pased
on a per nour.	iacc.				
C. Specific Activities to be	Performed				
10. For each activity, separat		tion required (See	Part C-10 of instructions):		
a. Nature of activity:					
			company employees n RB, and collective		
h. Poriod during which as	orformed:	c. Extent perfor	mod:		
 b. Period during which period 	enormed.	C. Extent perior	med.		
4-01,	/5-01		4-0	1	
d. Names and addresses	of persons through whom	performed:		DRAF	
M. G. Gibbons	(Address as i	n #1 abov	re)		S UV B
11. Identify (a) Subject emplo	yees, groups of employees	, and (b) labor orga	anizations:	TUUI MAY I	6 2001
a) Truck drive	rs			USDO	DL/ESA
b) Teamsters, 1	Local 115			OLMS/I	DOE/SRD.
	ling all attachments incom		his undersigned authorized officers referred to in this report, has been e		
Signed:	An Cha	irman/CEC	Signed: Granne M.	Herbert	Secretary/ Treasurer
(If other title, cross out and wr	ite in correct title above.)	XXXXX	(If other title, cross out and write in	correct title above.)	
City	State	Date	City	State	Date