

414247

Employment Standards Administration
Office of Labor-Management Standards



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

1. NAME AND ADDRESS (include ZIP code)

B.H. Troxel
Western Employers Consultants
P.O. Box 2055
Bakersfield, CA 93303

8704 Montmedy Ct. Bakersfield, CA 93311

C-
558

Month	Day	Year
1	26	09
12	31	09

Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

6. TERMINATION DATE 7. AMOUNT

Stevens Transportation, Inc.

7100 East Brandege Lane

Bakersfield, CA 93307-3060

3/4/09

\$

4212.50

8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
B.H. Traxel	\$4012.50	\$	\$4012.50

§ 1.

144

Total Disbursements to officers and employees:	\$
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(Sum of Items 8-13) \$ 4012.50

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
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TO: EMPLOYER	TO: WORKMAN		
		\$	
TOTAL		\$	

E.- 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: SR [Signature], PRESIDENT

at: Bakersfield, CA on: 1/27/10 (If other title, cross out
City State Date and write in correct title above.)

SIGNED: WPA, TREASURER

at: _____ on: _____ (If other title, cross out
City State Date and write in correct title above.)