U.S. Depar ent of Labor

Employment Stangards 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, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).					File No. C. 546		
A. Person Filing							
1. Name and maling address (included of the land of th	22.22	2. Any	other address who	ere records necess	sary to verif	y this rep	oort are kep
3. Date fiscal year ends:	4. Type of person:						
12/31/00	a. 🗹 individual	o. 🗆 Partne	ership c. 🗆 Co	orporation d.	Other (S	pecify):	:
B. Nature of Agreement or Arra							
5. Full name and address of empli EVEREH PAD & Pape 2216 36+4 Ot EVEREH WA	er 93201		7. Name	ntered into: 3/7/00 es of persons throught		nade:	
b. To supply an employe	ees to exercise or not to collectively through repre r with information concern employer, except inform	exercise, or esentatives or ing the active	persuade employ of their own choos	yees as to the ma ling.	nner of ex	nnection	with a labo
9. Terms and conditions (Explain Verbal agreement, Communications,	0	structions): Ohr, 7 The	to assist	fix & is	player	er ho	th rur.
C. Specific Activities to be Pe	erformed						
a. Nature of activity: All and the state of activity: All and the state of activity: All and the state of the	activities per	FORMED NLRA.	Part C-10 of instru By MYSE Writte JER NLRA	Mater mater	Brown ials c	n A	re
b. Period during which per	formed: c. Ex	perform	med 100	% of Oh	e Wor	rk	
d. Names and addresses d	of persons through whom	performed:					
NA				m. E	3 3	M B	
11. Identify (a) Subject employees	s, groups of employees, an	nd (b) labor o	rganizations:	A	USDOUL/ASSOUMS/DOE/	2000 SM SRD	
D. Verfication and Signature. that all information in this report, it to the best of his knowledge and	ncluding all attachments in	corporated t	of his undersigned a herein or referred to	authorized officers o in this report, has	declares, been exar	under per nined by	nalty of law him and is
Signed: / (incent)	Burn	President	Signed:				Treasure
(If other title, cross out and write i	n correct title above.)		(If other title, cross	s out and write in o	correct title	above.)	
at Mission View C	State D	ate 9/1/sn	City	Sta	ate	0.5	Date