

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management



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 Sections 203(b) of Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C.

A. Person Filling

1. Name and mailing address (include Zip Code): LABOR RELATIONS SERVICES, INC. 24 CORPORATE PLAZA, SUITE #100 NEWPORT BEACH, CA 92660		2. Any other address where records necessary to verify this report are kept. NONE	
3. Date fiscal year ends: 12/31/02	4. Type of Person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include Zip code): BP AMERICA, INC. 501 WEST LAKE PARK BLVD. HOUSTON, TX 77079		6. Date entered into: NOVEMBER 1, 2002	
		7. Name of persons through whom made: MR. MARK CRAWFORD, GENERAL COUNSEL	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly a. <input checked="" type="checkbox"/> 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. b. <input type="checkbox"/> 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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$240.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

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: Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of representation election.		
b. Period during which performed: Pendency of NLRB	c. Extent performed: None as of this date	
d. Names and addresses of persons through whom performed: DOUG MUIR (SAME ADDRESS AS ITEM #A1)		

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

- (a) All full-time and regular part-time employees.
(b) PACE - LOCAL 8-369



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.

Signed: President			Signed: Treasurer		
(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	City	State	Date
At: Newport Beach	CA	11/15/02	At: Newport Beach	CA	11/15/02

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management



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OMB No. 1214-0001
12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Sections 203(b) of Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C.

A. Person Filing

1. Name and mailing address (include Zip Code): Labor Relations Services, Inc. 24 Corporate Plaza, Suite #100 Newport Beach, CA 92660		2. Any other address where records necessary to verify this report are kept. NONE	
3. Date fiscal year ends: 12/31/02	4. Type of Person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include Zip code): NASSAU CANDY 530 W. JOHN ST. HICKSVILLE, NY 11801	6. Date entered into: AUGUST 29, 2002
7. Name of persons through whom made: MR. LESLEY H. STIER PRESIDENT	

8. Check the appropriate box to indicate whether an object of the activities 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.
- b. ☐ 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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

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: Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of representation election.		
b. Period during which performed: Pendency of NLRB	c. Extent performed: None as of this date	
d. Names and addresses of persons through whom performed: ED VILLANUEVA (ADDRESS IS THE SAME AS ITEM A1) RITA AGUILAR (ADDRESS IS THE SAME AS ITEM A1)		



11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

- (a) All full-time and regular part-time employees.
(b) UNITE Local #155

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.

Signed: President			Signed: Treasurer		
(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	City	State	Date
At: Newport Beach	CA	9/03/02	At: Newport Beach	CA	9/03/02

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Office of Labor-Management



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OMB No. 1214-0001
12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Sections 203(b) of Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C.

A. Person Filling

1. Name and mailing address (include Zip Code): Labor Relations Services, Inc. 24 Corporate Plaza, Suite #100 Newport Beach, CA 92660		2. Any other address where records necessary to verify this report are kept. NONE	
3. Date fiscal year ends: 12/31/02	4. Type of Person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include Zip code): SUNSHINE BOUQUET COMPANY 3A CHRIS COURT DAYTON, NJ 08810		6. Date entered into: AUGUST 30, 2002	
		7. Name of persons through whom made: MR. CHRISTOPHER ANHUT OWNER	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly a. <input checked="" type="checkbox"/> 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. b. <input type="checkbox"/> 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): All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.			

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: Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of representation election.			
b. Period during which performed: Pendency of NLRB		c. Extent performed: None as of this date	
d. Names and addresses of persons through whom performed: MICHAEL PENN (ADDRESS IS THE SAME AS ITEM A1) DELIA VITAL (ADDRESS IS THE SAME AS ITEM A1) RICARDO PASALAGUA (ADDRESS IS THE SAME AS ITEM A1)			



11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

- (a) All full-time and regular part-time employees.
(b) UFCW Local #342 (New Jersey) & UFCW Local #1625 (Florida)

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.

Signed: President			Signed: Treasurer		
(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	City	State	Date
At: Newport Beach	CA	9/03/02	At: Newport Beach	CA	9/03/02

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management



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OMB No. 1214-0001
12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Sections 203(b) of Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C.

A. Person Filling

1. Name and mailing address (include Zip Code): Labor Relations Services, Inc. 24 Corporate Plaza, Suite #100 Newport Beach, CA 92660		2. Any other address where records necessary to verify this report are kept. NONE	
3. Date fiscal year ends: 12/31/02	4. Type of Person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include Zip code): THE MINUTE MAID COMPANY P.O. BOX 2079 HOUSTON, TX 77252-2079	6. Date entered into: OCTOBER 3, 2002
7. Name of persons through whom made: MR. LE ROY BAKER, V.P. HUMAN RESOURCES	

8. Check the appropriate box to indicate whether an object of the activities 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.
- b. ☐ 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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$245.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

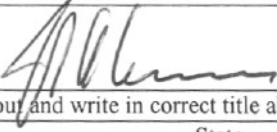
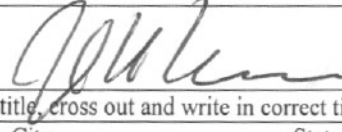
a. Nature of activity: Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of representation election.	
b. Period during which performed: Pendency of NLRB	c. Extent performed: None as of this date
d. Names and addresses of persons through whom performed: MICHAEL PENN (SAME AS ITEM #1A)	

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

(a) All full-time and regular part-time employees.

(b) TEAMSTERS

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.

Signed:  (If other title, cross out and write in correct title above)		Signed:  (If other title, cross out and write in correct title above)	
City At: Newport Beach	State CA	City At: Newport Beach	State CA
Date 10/22/02		Date 10/22/02	



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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. 527

A. Person Filing

1. Name and mailing address (Include ZIP code): Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660		2. Any other address where records necessary to verify this report are kept: NONE	
3. Date fiscal year ends: 12/31/02	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (Include ZIP code): HOAG HOSPITAL ONE HOAG DRIVE NEWPORT BEACH, CA 92658		6. Date entered into: 7/12/02	
		7. Names of persons through whom made: Mr. Michael Stephens President & CFO	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. b. <input type="checkbox"/> 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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

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: Labor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.			
b. Period during which performed: Pendency of NLRB petition		c. Extent performed: None as of this date	
d. Names and addresses of persons through whom performed:			
John Hermann (Same address as #1)	Ed Villanueva (Same address as #1)	Rita Aguilar (Same address as #1)	
Steve Beyer (Same address as #1)	Michael Penn (Same address as #1)	Eric Becker (Same address as #1)	
Frank Kronwitter (Same address as #1)	Ricardo Pasalagua (Same address as #1)	Bob Long (Same address as #1)	

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

- (a) All full-time and regular part-time employees.
(b) S.E.I.U.



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.

Signed: President			Signed: Treasurer		
(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	City	State	Date
at: Newport Beach	CA	7/12/02	at: Newport Beach	CA	7/12/02

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.

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.

527

A. Person Filing

1. Name and mailing address (Include ZIP code):

Labor Relations Services, Inc.
24 Corporate Plaza, Ste. #100
Newport Beach, CA 92660

2. Any other address where records necessary to verify this report are kept:

NONE

3. Date fiscal year ends:

12/31/02

4. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (Include ZIP code):

BFI WASTE SERVICES
42600 BOYCE ROAD
FREMONT, CA 94538

6. Date entered into:

7/2/02

7. Names of persons through whom made:

Mr. Ken Etherington
District Manager

8. Check the appropriate box to indicate whether an object of the activities 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.
- b. ☐ 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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

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:

Labor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.

b. Period during which performed:

Pendency of NLRB petition

c. Extent performed:

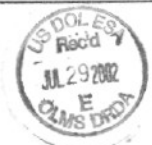
None as of this date

d. Names and addresses of persons through whom performed:

Ed Villanueva (same as address #1)
Delia Vital (same as address #1)

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

- (a) All full-time and regular part-time employees.
(b) TEAMSTER LOCAL #350



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.

Signed:

[Signature]

President

Signed:

[Signature]

Treasurer

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

City

State

Date

at: Newport Beach

CA

on: 7/10/02

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

City

State

Date

at: Newport Beach

CA

7/10/02

Agreement and Activities Report

U.S. Department of Labor
Office of Labor-Management StandardsOMB No. 1214-0001
12/31/06

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.

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.

527

A. Person Filing

1. Name and mailing address (include ZIP code):

Labor Relations Services, Inc.
24 Corporate Plaza, Ste. #100
Newport Beach, CA 92660

2. Any other address where records necessary to verify this report are kept:

NONE

3. Date fiscal year ends:

12/31/02

4. Type of person:

a. ☐ Individualb. ☐ Partnershipc. ☒ Corporationd. ☐ Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

ENSIGN GROUP
32232 PASEO ADELANTO, SUITE 100
SAN JUAN CAPISTRANO, CA 92675

6. Date entered into:

MAY 7, 2002

7. Names of persons through whom made:

GREG STAPLEY
V.P. & GENERAL COUNSEL

8. Check the appropriate box to indicate whether an object of the activities 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.

b. ☐ 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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

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: Labor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.

b. Period during which performed:

Pendency of NLRB petition

c. Extent performed:

None as of this date

d. Names and addresses of persons through whom performed:

ED VILJANUEVA (address same as item #1)
RITA AGUILAR (address same as item #1)

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

(a) All full-time and regular part-time employees.

(b) SEIU LOCAL 250

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.

Signed:

President

Signed:

Treasurer

(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

City

State

Date