### U.S. Department of Labor

Office of Labor-Management Standards



his report is mandatory under P.L. 86-257 as amended. Fallure to comply may

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 Discloyure Act of 1969, as amended (LMRIDA).

Flo No. C. 530

A. Person Filling			
1. Name and maling address (include ZIP code):	2. Any other	address where records	necessary to verify this report are is
John L. Sullivan Sullivan & Associates 2001 Madison Street		. 1	
Sullivan & ASSOCIATES	1	N/A	
Clarksville TN 37043	'		
3. Date fiscal year ends: 4. Type of per	NOTE:		
12/31/2003 10 101	Ividual b.   Partnership	c. Corporation	d.   Other (Spedity):
B. Nature of Agreement or Arrangement		14 6	
5. Full name and address of employer with whor	m mede (include ZIP code):	6. Date entered into:	λÞ
Forar Corporation		1/10/00	D3 s through whom made:
Melville, NY 11747			mond Damadian
8. Check the appropriate box to indicate whether	r an object of the activities und	ertaken, is directly on in	MS-A DZEMOCIZEN
a. XX To persuade employees to exercise or	r not to exercise, or persuade e	mployees as to the man	ner or exercising, the right to organi
b. To supply and employer with informat		employage or a labor or	maniputing in assessment with a labor
dispute involving such employer, exce	apt information for use solely in	confunction with an add	ministrative or arbitral proceeding or
criminal or civil judicial proceeding.			
9. Terms and conditions (Explain in detail; see P	-		
One consultant for (18) u	sorking days		
One totale to totale			
One additional consultant	tor (1) day		
	Ø		
C. Specific Activities to be Performed			<del></del>
10. For each activity, separately list in detail the	information required (See Part (	C-10 of instructions):	
a. Nature of activity:			
1) conduct captive as	dience meetings		
Jeordae Captile			
2) Circulate with employ	yees for questions	stanswers.	
<ul> <li>b. Peroid during which performed:</li> </ul>	c. Extent performed:		
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11. Identify (a) Subject employees, groups of em	ployees, and (b) labor organiza	ations:	
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a) 101011 a. F			( { _AUG27 ang } )
6) T- 1)-Kar 1	14-11-		Carting !
OHON WOTKERS LOCA	1 = 455		
D. Verfication and Signature. The person in	item 1 above and each of his u	ndersigned authorized o	of ta
that all information in this report, including all att	achments incorporated therein (	or referred to in this repo	ort, has been examined by him and
to the best of his knowledge and belief, true, con Signed:		<u> </u>	
Signal.	Signer		_
(If other title, cross out and write in correct title a	President (Fath		Treesu
City State	Date (	City	State Date
* Clarksville TN	200/02/4	•	<del></del>
Public reporting burden for this collection of informat searching existing data sources, gethering and maintai regarding this burden setimate or any other aspect of Management Standards, Department of Labor, Rogen He Papartment Standards, Department of Labor, Rogen He Papartment Reduction Region (13) A-06011 March D	doe is estimated to everyon 20 m	autes per response, includ	ling the time for reviewing instructions
influxued this produce segment or any other report of	ming an oute necoes, and comple this collection of information, inch	rang and reviewing the col-	lection of information. Sand comments
Number Standards, Department of Labor, Room M.	MRS, 200 Constitution Avenue, K.W.	Winds., D.C. 20210; and I	to the Office of Management and Budget

#### U.S. Department of Labor

Office of Labor-Management Standards

OMB No. 1214-0001

This report is mandatory under P.L. 98-257 as amended. Fallure to comply may result in criminal prospection, times and civil panelties as provided by 25 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 1989, as amended (LMRDA).

A. Person Filing	
	2. Any other address where records necessary to verify this report are key
Name and maling address (Include ZIP code):	1
7 II W L L ASSMODTED	1 k)/ <del>/)</del>
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Clarkonik (N 3709)	
3. Date flecal year ends: 4. Type of person:	
12/3/12003	Partnership c. Corporation d.   Other (Spedity):
B. Nature of Agreement or Arrangement	
5. Full name and address of employer with whom made (include	ZIP code): 6. Date entered into:
Columbia Ready Mix 2600 N. Stadium Blod.	7. Names of persons Strough whom made:
Colombia MO. 65202	alan Barnes
8. Check the appropriate box to indicate whether an object of the	a activities undertaken, is directly or indirectly:
a. D To persuade employees to exercise or not to exercise.	, or persuade employees as to the manner or exercising, the right to organiz
collectively through representatives of their own choose	eing. Ne activities of employees or a labor organization in connection with a labor
C. L.: 10 suppry and employer with enumerors concerning a discuss involving such employer, except information for	or 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 instruc	tions):
Two consultants for twenty-one (2). One additional consultant for (1)	) working days
10 11:00 1 0 0 00	1 4 16823 33
Whe additional consultant for (1)	one day at #10055.
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<ol> <li>Specific Activities to be Performed</li> <li>For each activity, separately list in detail the information requ</li> </ol>	way Can But C.10 of Interveloper
	MAG (can let file of wood applying).
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2) Circulate with umployees for	question + answers.
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b. Peroid during which performed: c. Extent	performed:
7/07/2003 - 8/04/2003	
d. Namue and addresses of persons through whom perfor	
Bill Price Lee Bell 1015 Hillshire Dr. 10223 Sunrid	lge Tr. 2701 Trelaway.
	Clarksville TN.
ClarkSuille, TN Dallas, TK.  11. Identify (a) Subject employees, groups of employees, and (b)	Clotk20115 1.4
A) Columbia Keady Mix	W Rate S
70	( ( AUG 28 2MB ) )
A) Columbia Ready Mix B) IBT 833	
	nd each of his undersigned authorized officers declares, under persity of lay
that all information in this report, including all attachments incorp	porsted therein or referred to in this report, has been examined by him and i
to the best of his knowledge and belief, true, correct, and comple	<b>346.</b>
Signed:	Signed:
	reeident Treesur
(If other fitte, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)
Charles 300	City State Date
Public recording business for this collection of information is authorized.	24 (2003) at: One
tearching austing data sources, gathering and maintaining the data necessities this business are sourced, and are sourced as the source of the	to everage 20 minutes per response, including the time for reviewing instructions eded, and completing and reviewing the collection of information. Send comments information, including suggestions for reducing this burden, to the Office of Labor ston Avenue, N.W., Wieh., D.C. 20210; and to the Office of Management and Budget,
Management Standards, Department of Labor, Room MSE25, 200 Constitu	moustantiums, michigant aufgemeine siz residing was distion, to the Office of Labor ston Avenue, N.W., Weeh., D.C. 20210; and to the Office of Menegerhest and Budget.
PROGRAMMENT PROJECT (1214-0001), WARE, D.C. 2000.	

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Office of Labor-Management Standards

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File No.

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Person Filling terre and maling address (include	ZIP codek	2. Any other ac	Idrees where records n	occoraty to verify	/ this report are
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Sullivan + Associates	Ina.		U/A		
2001 madison St Marksville, TN 371	~12		•		
ate flecal year ends:	. Type of person:				
	a bedfeldest b		c. Comparation	d. 🗆 Other (Se	aditvi:
13112003					
Nature of Agreement or Arran					
Full name and address of employ	yr with whom made (incl	ude ZIP code):	6. Date entered into:	>	
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St. Clair, mo	1.2077		David Flen	escuga waxaa aa ∩i∧a	<del></del>
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<ul> <li>collectively through repre</li> <li>To supply and employer v</li> </ul>			ralamen er a laher era		
dispute involving such en					
criminal or civil judicial pr	roceeding.				
Terms and conditions (Explain in		• .		_	
. Two consultants	, for seventeen L	working days	1.	•	
One additional co	moultant for	Ida. At	\$ 11.581.52	•	
		<b>&amp;</b>	///		
Specific Activities to be Pari	ormed				
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## U.S. Department of Labor

Office of Labor-Management Standards



his report is reandatory under P.L. 86-257 as amended. Failure to comply may

OMB No. 1214-0001 02/29/93

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equired of Persons, including Labor Relations Consultants and Other Individuals and Organizations, nder Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).	File No.	

Under Section 203(b) of the Labor-Management Reporting and	CHACIORING ACT OF 19	70, 55 MINERODO (LM		
A. Person Filing  1. Name and mailing address (include ZIP code):	2 Amendar s	ddress where record	is necessary to ve	rify this report are kept
	y vam e			
John L. Sullivan	1 A 1/A	<b>,</b>		
Sullivan + Associates	10,"	,		
3. Date flacal year ends: 4. Type of person:	<u></u>			
/ )	. 🗆 Partnership	c. 💢 Corporatio	on d. □ Other (	Spedify):
12/31/2003				
B. Nature of Agreement or Arrangement				
5. Full name and address of employer with whom made (incl	ude ZIP code):	6. Date entered int		
Consolidated Containers Compa	<b>^</b> ሃ	7 Norman of party	one through whom	mede-
011 City PA 11.301	•	David	Kirkland	A S SAME AND AND A
<ol> <li>Check the appropriate box to indicate whether an object of</li> </ol>	f the activities under	rtaken, is directly or	indirectly:	· · · · · · · · · · · · · · · · · · ·
<ul> <li>a. Di To persuade employees to exercise or not to exerc</li> </ul>	dse, or persuade em	ployees as to the ma	enner or exercising	, the right to organize
collectively through representatives of their own cl	noceing. ng the activities of e	mployees or a labor	organization in co	nnection with a labor
dispute involving such employer, except information	on for use solely in o	conjunction with an a	dministrative or ar	bitral proceeding or a
criminal or civil judicial proceeding.				
9. Terms and conditions (Exptain in detail; see Part B-9 of Ins	tructions);		- 1 H/11/	, 00
One consultant for ten	(10) WORKI	ng coays.	QX = 4160	1.
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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:				
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2) circulate with employees	43	ms + answ	eccs.	
2) Ciroual C with employees	101 Jan 311	0.0		
b. Peroid during which performed: c. Ex	tent performed:			
7/07/2003 - 7/25/2003				
d. Names and addresses of persons through whom pe				
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Charles M omitty				
207 Gaylon CDr. Columbus, MS 39702  11. Identify (a) Subject employees, groups of employees, an				
11. Identify (a) Subject employees, groups of employees, an	d (b) labor organiza	tions:		
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D) Machinist				9.5
D. Verilication and Signature. The person in item 1 abov	a and annih of his ur	vdarnionad authorian	d officers declare	uncertainty of law
that all information in this report, including all attachments in	corporated therein o	referred to in this r	sport, has been ex	amined by him and is,
to the best of his knowledge and belief, true, correct, and co	mplete.			
Signed	Signed			
	President			Treasure
(If other title, cross out and write in correct title above.)  City State De	the /	or title, cross out and City	State	Date
at: Clarksville TN on:	72/22	City	2000	
	ried to average 20 mil	nutes per response, inc	cluding the time for	reviewing instructions
Public reporting burden for this collection of information is estimate searching existing data sources, gathering and maintaining the data regarding this burden estimate or any other aspect of this collection Management Standards, Department of Labor, Room M5625, 200 Corrections.	a needed, and complet n of information, inclu	ting and reviewing the iding suggestions for n	collection of inform educing this burden,	ation. Send comments to the Office of Labor
Mänagement Standards, Department of Labor, Noom N5625, 200 Cor Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.	nstitution Avenue, N.W.	., Wash., D.C. 20210; a	nd to the Office of M	anagement and Budget,
		****		Form LM-2
11. Identify (a) Subject employees, groups of employees, and	TOURSON	e, 775 704	Charks	oule, TN 3704-
		tions:		
a) Duramax Distribution Center	employees			No OCC
b) Teamsters.	-			$((\alpha_{7_{102003}}))$
b) Ranolds.				( Common
D. Verfication and Signature. The person in item 1 above	e and each of his un	dereigned eighorise	d officers declares	Warder and Table
that all information in this report, including all attachments inc	corporated therein o	referred to in this re	aport, has been ex	amined by him and is.
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to the beat of his knowledge and belief, true, correct, and cor	<del>                                     </del>			
Signed:	Signed			
Signed:	President			Treasurer
Signed: (If other title, cross out and write in correct title above.)	President (if other	r title, cross out and		e above.)
(If other title, cross out and write in correct title above.)  City State De	President (if other		write in correct titl State	
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(If other title, cross out and write in correct title above.)  City State  Charles De	President (if other	r title, cross out and City	State	e above.) Date

#### O.G. Department of Labor Office of Labor-Management Standards



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OMB No. 1214-0001 02/29/93

Required of Persons, including Labor Relations Consults	nts and Other Individuals and Organizations,
Under Section 203(b) of the Labor-Management Reporting	ng and Disclosure Act of 1959, as amended (LMRDA).

File No. C.530

Under Section 203(b) of the Labor-	vanagement Report	ing and Disclosure	Act of 1959, as amended (LMRC	A). L
A. Person Filling		/BX		
. Name and maling address (include	de ZIP code):	2. Am	other address where records r	necessary to verify this report are ket
John L. Sullivan			. /	
Sullivand Associa	tes, Lnc.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	NA	
2601 madison S Clarksville TN 3	77661 7743		1-71.	
3. Date fiscal year ends:	4. Type of person:			
12/3/12003	a. 🗆 Individu	al b. 🗆 Partin	orship c. Corporation	d.   Other (Spedify):
B. Nature of Agreement of Arri	Ingement	<del></del>		
5. Full name and address of empire	yer with whom ma	de (include ZIP cod	le): 6. Date entered into:	
Duramax Distr	ibution Ce	rter	8-6-03	
16099 Industr	ial Aurkway	•		through whom made:
<u>Midalefield, OH</u>	44062		I Ron Kai	tzmar_
8. Check the appropriate box to in				lirectly: er or exercising, the right to organize
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One consultant One consultant	for eight	teen(18) W	ocking day	
11 4			3 - 3 - 110	
One consultant	tor two	es days.	at \$18,623.40	
C. Specific Activities to be Pe	rformed			
10. For each activity, separately li	st in detail the infor	mation required (Se	e Part C-10 of instructions);	
a. Nature of activity:				
Deonduct Cap	Him andien	or modians		
500000	ilia a d	(	'a sala a same	
á circulate w	ith employe	es tor quest	non tanswers,	
b. Peroid during which perfo	rmed:	c. Extent perform	ed:	
86-03/9-5.0	3			
d. Names and addresses of	persons through w	hom performed:	·········	
lee Bell		Khan	h Trainst.	Charles K. Smith
m		2601	madishot.	2601 madison St.
11. Identify (a) Subject employee	37643 <u> </u>	<u> (</u> lan	KSVIIIe, 7N 3/043	Clarksoille, TN 3704
11. Identify (a) Subject employees	s, groups of employ	ees, and (b) labor o	organizations:	
a) Duramax Dis b) Teamsters	stribution Co	enter employ	(e&S	Regard
		_	•	( ( at 10 au
b) leansters				(Reconstruction)
		·····		
				ifficers declares, under penalty of lay
to the best of his knowledge and			inerall or reletted to it tike tebo	to has been exeminated by min and it
Signed:			Signed:	
		President	1	Treasur
(If other title, cross out and write	n correct little above		(If other title, cross out and wr	
City	State	Dete	City	State Oate
* Clarksville		ort.	at:	on:
Public reporting burden for this colle- searching existing data sourcest, authorized	ction of information i	s estimated to average	pe 20 minutes per response, includ	ing the time for reviewing instructions lection of information. Send comments
regarding this burden estimate or any	other aspect of this	collection of informat	ion, including suggestions for reduc	ring this burden, to the Office of Labor to the Office of Management and Budget,
Paperwork Reduction Project (1214-00	G1), Wash., D.C. 2050	3.		

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