

Agreement and Activities Report

U.S. Department of Labor

Employment Standards 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. 233

A. Person Filing

1. Name and mailing address (include ZIP code): R.T. Blankenship & Associates 540 N. Madison Ave. P.O. Box 306 Greenwood, IN 46142	2. Any other address where records necessary to verify this report are kept: n/a
3. Date fiscal year ends: 12-31-00	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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): S. Powell Construction Co. P.O. Box 116 Weirton, WV 26062	6. Date entered into: 5-24-00
7. Names of persons through whom made: James Gribben	
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 checked="" 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): 1. Conduct meetings with the employer's employees in an effort to educate them regarding being members of a labor organization. 2. Represent employer in unfair labor practice proceedings.	

C. Specific Activities to be Performed

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

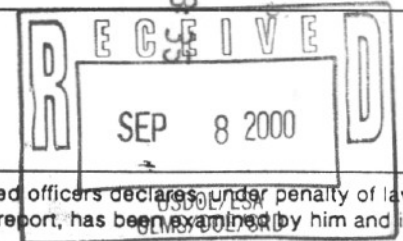
a. Nature of activity:

See "9" above

b. Period during which performed: 5-24-00 through present	c. Extent performed: completed
d. Names and addresses of persons through whom performed: Employees of R.T. Blankenship & Associates	

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

West Virginia Regional Council of Carpenters



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: <i>[Signature]</i> 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: <i>Greenwood</i> State: <i>IN</i> Date: <i>8-18-00</i>	City: _____ State: _____ Date: _____
at: _____	at: _____

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management Standards



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OMB No. 1214-0001
12/31/86

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File No.

C.

233

A. Person Filing

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

R.T. Blankenship & Associates
540 N. Madison Ave., P.O. Box 306
Greenwood, IN 46142

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

N/A

3. Date fiscal year ends:

12-31-00

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):

ProCraft Laminations
6135 King Road, P.O. Box 185
Marine City, MI 48039

6. Date entered into:

9-25-00

7. Names of persons through whom made:

Bruce Middel, Pres.

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):

- Conduct meeting with the employer's employees in an effort to educate them regarding being members of a labor organization.
- Represent employer in unfair labor practice proceedings.

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:

See "9" above

b. Period during which performed:

9-25-00 to present

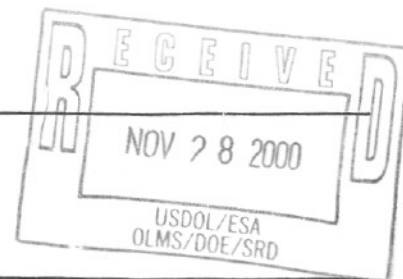
c. Extent performed:

d. Names and addresses of persons through whom performed:

Employees of R.T. Blankenship & Associates

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

United Brotherhood of Carpenters



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:

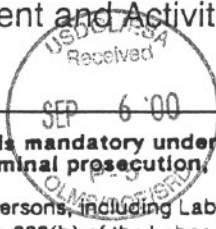
Treasure

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

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

at: Greenwood IN on: 11-9-00

at: City State Date on:



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File No. C. 233

A. Person Filing

1. Name and mailing address (include ZIP code): R.T. Blankenship & Associates 540 N. Madison Ave. P.O. Box 306 Greenwood, IN 46142	2. Any other address where records necessary to verify this report are kept: n/a
3. Date fiscal year ends: 12/31/00	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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): American Feed & Farm Supply 1533 Knox N. Kansas City, MO 64116	6. Date entered into: 4-12-00
7. Names of persons through whom made: Eugene Duren	

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):

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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:

See "9" above

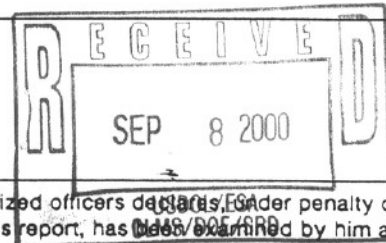
b. Period during which performed: 4-12-00 through present	c. Extent performed: completed
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d. Names and addresses of persons through whom performed:

Employees of R.T. Blankenship & Associates

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

Teamsters Local No. 541



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers or representatives, 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: <i>R. Blankenship</i> 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 at: Greenwood IN on: 8-18-00	City State Date at: _____ on: _____