U.S. Department of Labor

Office of Labor-Management Standards



OMB No. 1214-0001

result in criminal prosecution, littes and civil person					12/31/86
Required of Persons, including Labor Relations Consulta Under Section 203(b) of the Labor-Management Reports	nts and Other Individing and Disclosure Ad	tuals and Organiza ct of 1959, as ame	tions, inded (LMRDA).	File No. C.	56/
A. Person Filing			· · · · · · · · · · · · · · · · · · ·		
Name and mailing address (include ZIP code):		2. Any other as	dress where records n	ecessary to veri	y this report are kept:
SJE PARTHERS, LLC					
11509 BRIDGETENDER DR	ule				
Pichmono, VA. 23233	14C	<u> </u>			
Date fiscal year ends: 4. Type of person					
12/31/03 a. 🗆 Individ		inership c. 🍱	Corporation d.	Other (Spec	±ty):
B. Nature of Agreement or Arrangement					
5. Full name and address of employer with whom made (include ZIP code):			6. Date entered into:		
CPUAL SERVE			APRIL 30. 2003		
			7. Names of persons through whom made:		
COLUMBIA, SC.			CHUCK ROWE		
8. Check the appropriate box to indicate whether an object of the activities undertaken, is			s directly or indirectly:		
X To persuade employees to exercise or not seculectively through representatives of their		iade employees as	to the manner of exerc	cising, the right to	o organize and bargain
 D To supply an employer with information con ing such employer, except information for u ceeding. 					
Compensation was	A BE GU	n Houre	Y RATE , PL	.යා ලාදම් ද්ය.	ses
C. Specific Activities to be Performed		44.4.4			
10. For each activity, separately list in detail the infor	rnation required (See	a Part C-10 of instr	uctions):		<u> </u>
a. Nature of activity: (SFORMATION)	al Preso	CLOTEATE.			S TOLER
INFORMATION	الإس الإسكاو	sæs att an s			W 29 200
b. Period during which performed:	c. Extent perfo	omed:			
4/30 - TRESENT ON- GOING					
d. Names and addresses of persons through who	om performed:				
STEPHEN	WHRIGHT				
SJE CAR	miers, Lic				
11. Identify (a) Subject employees, groups of employ	······································				
			SARDANAING U	J 17-	
6 Loca	۱۴ عرد ، S	Sueer Her	u weakers		
D. Verification and Signature. The person in item- lormation in this report, including all attachments ind knowledge aparties, true, correct, and complete.					
Signed:		Signed:			·····
(If other title, cross but and write in correct title above	Presiden		oss out and write in co	remet title whose '	Treasurer
City State	Date	Ci Ci	·	State	Date
at: Recliment V4	on: 5/18/03	l l	•		on: