Office of Labor-Management Standards



This report is mandatory under P.L. 86-. .s 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

Form LM-20 (Feb. 1986)

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).

A. Person Filing						
1. Name and mailing address (inc Employee Relat 1181 N. Kraeme Anaheim, CA 92	tions Servi er Blvd	ices	2. Any other	r address where reco	ords necessary to verify this	s report are kept:
Ananeim, CA 92	2000					
Date fiscal year ends:	4. Type of person	1;	L			
12-31	a. 🗆 Individ		ership c	. 🖳 Corporation	d. Other (Specify):	
B. Nature of Agreement or Arra	ingement	-				
5. Full name and address of emplo	yer with whom made	e (include ZIP code):		6. Date entered int	0:	
Oasis Reso		10		10-04-0	1	
911 Buffal				7. Names of person	ns through whom made:	
Sunnerlin,	NV 89128			Randy 1	Black	
8. Check the appropriate box to in	dicate whether an of	bject of the activities	undertaken,	is directly or indirect	y:	
 a. ^{\infty} To persuade employees collectively through representations. 			de employees	as to the manner of	exercising, the right to org	anize and bargain
 To supply an employer ving such employer, exce ceeding. 					ion in connection with a lab I proceeding or a criminal o	
9. Terms and conditions (Explain in Held employee and to answer	meetings	to inform	them or	n their sec	ction 7 right	s .
C. Specific Activities to be Peri						
10. For each activity, separately li	st in detail the inform	nation required (See	Part C-10 of in	structions):		
 a. Nature of activity: 						
Held meetings on union. Us	with empl ed union d	oyees, sho ocumentati	wed vio	deos and i Q & A ses	nformed them sion.	
b. Period during which perform	ned:	c. Extent perfor	med:			
11/01 to 1	12/01					
d. Names and addresses of p	ersons through whor	m performed:		- 1		
Gus Flores Address same	s, Alex Cas as #1	sillas, Cy	nthia (Gonzales		
11. Identify (a) Subject employees	, groups of employe	es, and (b) labor orga	anizations:			AUG1 2 2002
D. Verification and Signature. Tormation in this report, including knowledge and belief, true, correct	all attachments inco	above and each of proprated therein or	his undersign referred to in	ed authorized office this report, has bee	rs declares, under penalty n examined by him and is,	of law, that all into the best of his
Signed: Jew My	11 -	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.)	110404161
City	State	Date, /		City	State	Date
at: An hour	CA	on: 11 20/01	at:		,	on:

Office of Labor-Management Standards



This report is mandatory under P.L. 86-i. is amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

State

Date

City

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. 547

A. Person Filing	
1. Name and mailing address (include ZIP code): Employee Relations Services	Any other address where records necessary to verify this report are kept:
1181 N. Kraemer Blvd	
Anaheim, CA 92806	
Ananeim, CA 72000	
Date fiscal year ends: 4. Type of person:	
12-31 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 Z	IP code): 6. Date entered into:
Virgin River Hotel & Casino	10-04-01
911 Buffalo Ste 201	7. Names of persons through whom made:
Sunnerlin, NV 89128	Randy Black
8. Check the appropriate box to indicate whether an object of the	
 a.	or persuade employees as to the manner of exercising, the right to organize and bargaining.
 To supply an employer with information concerning the ing such employer, except information for use solely in o ceeding. 	activities of employees or a labor organization in connection with a labor dispute involv- conjunction with an administrative or arbitral proceeding or a criminal or civil judicial pro-
9. Terms and conditions (Explain in detail; see Part 8-9 of Instruction	ions):
Held employee meetings to inf	form them on their section 7 rights
and to answer questions perta	aining to unions.
C. Specific Activities to be Performed	
10. For each activity, separately list in detail the information requi	red (See Part C-10 of instructions):
a. Nature of activity:	
Held meetings with employees	, showed videos and informed them
	ntation for Q & A session.
b. Period during which performed: c. Exte	ent performed:
11/01 to 12/01	the control of the co
d. Names and addresses of persons through whom performed	d:
Acatrick Impeza pose Agraz	
Address same as #psc ngraz	Pacital Pacital
11. Identify (a) Subject employees, groups of employees, and (b)	labor organizations:
	The Delta Control of the Control of
	and the second second
D. Verification and Signature. The person in item 1 above and formation in this report, including all attachments incorporated the knowledge and belief, true, correct, and complete.	each of his undersigned authorized officers declares, under penalty of law, that all in- nerein or referred to in this report, has been examined by him and is, to the best of his
Signed: /	Signed:
Maria a	President Treasure
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)

State Date
on:
Form LM-20 (Feb. 1986)

Office of Labor-Management Standards



This report is mandatory under P.L. 86-2. is amended. Failure to comply may result in criminal prosecution, fines and civil penaities 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 Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

A. Person Filing			
Name and mailing address (Include ZIP code):	2. Any oth	er address where records necessary to verify the	s report are kept:
Employee Relations Service	es		
1181 N. Kraemer Blvd			
Anaheim, CA 92806	1		
Sacrative Section (All Advantages of the Control of Section Se	1		
Date fiscal year ends: 4. Type of person:			
12-31 a. □ Individua	b. Partnership	c. 🖳 Corporation d. 🗆 Other (Specify)	:
12-51			
B. Nature of Agreement or Arrangement	-		
5. Full name and address of employer with whom made (i	nclude ZIP code):	6. Date entered into:	
	55,000,000 days (50,000,000,000,000,000,000,000,000,000,	The state of the s	
CasaBlanca Resort & Casir	10	10-04-01	
911 Buffalo Ste 201		7. Names of persons through whom made:	
Sunnerlin, NV 89128		Randy Black	
	at of the activities undertakes	·	
Check the appropriate box to indicate whether an obje			
 a. \(To persuade employees to exercise or not to exercise. 		s as to the manner of exercising, the right to org	ganize and bargain
collectively through representatives of their ow	n choosing.		
 b. ☐ To supply an employer with information concern 			
ing such employer, except information for use s	olely in conjunction with an a	ministrative or arbitral proceeding or a criminal	or civil judicial pro-
ceeding.			
9. Terms and conditions (Explain in detail; see Part B-9 of	instructions):		
Held employee meetings to	inform them o	n their section 7 right	S .
and to answer questions	pertaining to 1	nions.	
and co unback queberons	,01001111119 00 0		
C. Specific Activities to be Performed			
10. For each activity, separately list in detail the informat	ion required (See Part C-10 of	instructions):	
		•	
a. Nature of activity:			
Held meetings with employ	vees showed v	dees and informed them	
		Q & A session.	
on uniton. Used uniton do	Jumentation 101	Q a n session.	
b. Period during which performed:	c. Extent performed:		
b. Fellod during which performed.	c. Extent perionned.		
11/01 - 12/01			
d. Names and addresses of persons through whom p	erformed:		
Hector Flores, Jack Bermi	ıdez		
Hector Flores, Jack Bermu Address same as #1			500/
			S Rec'd &
11. Identify (a) Subject employees, groups of employees,	and (b) labor organizations:		AllG122mp
(2) 222,000 000 pts, 200 pts of 200 pts of 200 pts			Q. F
			W8 DRO
			10 10 10 2 miles
D. Verification and Signature. The person in Item 1 ab			
formation in this report, including all attachments incorporate and a second se	orated therein or referred to it	this report, has been examined by him and is,	, to the best of his
knowledge and belief, true, correct, and complete.			*
Signed: /	Signed:		
Helly Mari	President		Treasurer
(If other title, cross out and write in correct title above.)		, cross out and write in correct title above.)	Treasurer
V			Data
A City - State	Date	City State	Date
at: Taklene (A	on: [[] 20] 0 at:		on:

Office of Labor-Management Standards



This report is mandatory under P.L. 86-2. s amended. Failure to comply may result in criminal prosecution, fines and civil penaities 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 Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

A. Person Filling	gomor reporting an	S Sississaid Act	0, 1000, 83 6	Ziloriood (Elvirion).		7 /
Name and mailing address (inclu	de ZIP code):		2 Any other	r address where reco	ords necessary to verify the	is report are kent.
Employee Relat:		es	2. Any othe	addiess wildle lect	orda necessary to verily th	по горон ага карт.
1181 N. Kraeme						
Anaheim, CA 92						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Date fiscal year ends:	Type of person:		1			
12-31	a. 🗆 Individual	b. 🗆 Partn	nership c	. 🖳 Corporation	d. Other (Specify):
B. Nature of Agreement or Arran	gement	-				
5. Full name and address of employ	er with whom made (inc	clude ZIP code):		6. Date entered in	0:	
True World Foods				9-24-01		
1815 Williams S				7. Names of perso	ns through whom made:	
San Leandro, CA	945//			David Mil	lor	
8. Check the appropriate box to indi	cate whether an object	of the activities	undertaken,	is directly or indirect	y:	
 a. ^M To persuade employees to collectively through representations. 	exercise or not to exe sentatives of their own	rcise, or persua choosing.	de employees	s as to the manner of	exercising, the right to o	rganize and bargain
 To supply an employer with ing such employer, except ceeding. 						
9. Terms and conditions (Explain if	detail; see Part B-9 of Ir	nstructions):				
Held employee					ction 7 right	cs .
and to answer	questions p	ertainin	g to u	nions.		
C. Specific Activities to be Perfo						
10. For each activity, separately list		n required (See	Part C-10 of It	nstructions):		
a. Nature of activity:	in dotail the informatio	11100311031	an o room	or detroriey.		
a. Nature of activity.						
Held meetings	with employ	ees, sho	wed vi	deos and i	nformed them	
on union. Use	d union doc	umentati	on for	Q & A ses	sion.	
b. Period during which performe	rd:	c. Extent perfor	mod:			
b. Fellod during which performs		o. Extent penor	mou.			
10/01	-					
d. Names and addresses of per	sons through whom per	rformed:				
Hestors Flores a	g #1					and the same of th
Address same a	5 π ·					S DOL S
11. Identify (a) Subject employees,	roups of employees a	nd (h) labor orga	anizations:			AUG122002
(4) 000,000,000,000,000,000,000,000,000,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0) 1				Q. E a
						AS DRO!
-						
 D. Verification and Signature. The formation in this report, including all knowledge and belief, true, correct, 	attachments incorpor	ve and each of lated the ain or	his undersign referred to in	ed authorized office this report, has bee	s declares, under penalt n examined by him and is	y of law, that all in- s, to the best of his
Signed			Signed:			
Jerry Mic		President				Treasure
(If other title, cross out and write in c			(If other title,		in correct title above.)	:4
A City	State	Date		City	State	Date
at: Trallyur	CA or	n: 11 /15/9	at:			on:
10 (10 (1 10)		1 /				Form LM-20 (Feb. 1986

U.U. Department UI Labul

Office of Labor-Management Standards



This report is mandatory under P.L. 86-4. .s 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 Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

A. Person Filing	
1. Name and mailing address (Include ZIP code): Employee Relations Servi 1181 N. Kraemer Blvd Anaheim, CA 92806	Any other address where records necessary to verify this report are kept: Ces
Date fiscal year ends: 4. Type of person:	<u> </u>
12−31 a. □ Individua	al 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): 6. Date entered into:
Ivy Hill	8-30-01
1225 Los Angeles St Glendale, CA 91204	Names of persons through whom made:
	Doug Remington
Check the appropriate box to indicate whether an object.	
 a.	exercise, or persuade employees as to the manner of exercising, the right to organize and bargain or choosing.
ing such employer, except information for use ceeding.	rning the activities of employees or a labor organization in connection with a labor dispute involv- solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial pro-
9. Terms and conditions (Explain in detail; see Part 8-9 of Held employee meetings tand to answer questions	o inform them on their section 7 rights
C. Specific Activities to be Performed 10. For each activity, separately list in detail the information of the control of the	tion required (See Part C-10 of instructions):
a. Nature of activity: Held meetings with emplo on union. Used union do	yees, showed videos and informed them cumentation for Q & A session.
on union. Used union do	cameneacton for & a n populari
b. Period during which performed:	c. Extent performed:
9/01 to 10/01	
d. Names and addresses of persons through whom	performed:
Alex Casillas Address same as #1	S DOLES
11. Identify (a) Subject employees, groups of employees	Che Denot
	bove and each of his undersigned authorized officers declares, under penalty of law, that all in- porated therein or referred to in this report, has been examined by him and is, to the best of his
Signed	Signed:
(If other title, cross out and write in correct title above.)	President Treasures (If other title, cross out and write in correct title above.)
City State	Date City State Date
at: Arahemi CA	on: O i at: On:

Office of Labor-Management Standards



This report is mandatory under P.L. 86-4 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

State

Date

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 A	ACL OF 1959, as amended (LMNUA).
A. Person Filing	
1. Name and mailing address (include ZIP code): Employee Relations Services 1181 N. Kraemer Blvd Anaheim, CA 92806	Any other address where records necessary to verify this report are kept:
Date fiscal year ends: 4. Type of person:	
12-31 a. Individual b. Pa	rtnership c. 🖳 Corporation d. 🗆 Other (Specify):
B. Nature of Agreement or Arrangement	
5. Full name and address of employer with whom made (include ZIP cod	e): 6. Date entered into:
Starwood Hotels	
777 Westchester Ave	8-14-01 7. Names of persons through whom made:
White Plains, NY 10604	7. Names of persons through wholithlade.
•	Greg Hill
8. Check the appropriate box to indicate whether an object of the activit	
collectively through representatives of their own choosing.	uade employees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities.	ies of employees or a labor organization in connection with a labor dispute involv- ction with an administrative or arbitral proceeding or a criminal or civil judicial pro-
and to answer questions pertaini	ing to unions.
C. Specific Activities to be Performed	
10. For each activity, separately list in detail the information required (Se	ee Part C-10 of Instructions):
a. Nature of activity:	
Held meetings with employees, sh	nowed videos and informed them
on union. Used union documentat	tion for Q & A session.
on uniton. Obed anion accuments	
b. Period during which performed: c. Extent per	formed:
8/01 to 12/01	
 Names and addresses of persons through whom performed: 	
Hector Flores as #1	(3,001.
11. Identify (a) Subject employees, groups of employees, and (b) labor of	No Regist &
The factority (a) conjugation projects, groupe of employees, and (a) labor of	AUG 1 2 2002
	of his undersigned authorized officers declares, under penalty of law, that all in- or referred to in this report, has been examined by him and is, to the best of his
Signed	Signed:
- 1/1/1 /)//ii	a
(If other title, cross out and write in correct title above.)	nt Treasurer

City

on:

Date

State

Office of Labor-Management Standards



This report is mandatory under P.L. 86-2. s 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 Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

A. Person Filing	
1. Name and mailing address (include ZIP code): Employee Relations Servic 1181 N. Kraemer Blvd Anaheim, CA 92806	Any other address where records necessary to verify this report are kept:
 3. Date fiscal year ends: 4. Type of person: 1 2 − 3 1 a. □ Individual 	b. □ Partnership c. □ Corporation d. □ Other (Specify):
Nature of Agreement or Arrangement Full name and address of employer with whom made (in	- nclude ZÎP code); 6. Date entered into:
White's Crane	U. Date entered into.
45-524 Towne St	8-05-01
Indio, CA 92201	7. Names of persons through whom made:
	James Boglino
8. Check the appropriate box to indicate whether an object	ct of the activities undertaken, is directly or indirectly:
 a. \(\tilde{\t	ercise, or persuade employees as to the manner of exercising, the right to organize and bargain a choosing.
 To supply an employer with information concerning such employer, except information for use so ceeding. 	ning the activities of employees or a labor organization in connection with a labor dispute involv- oleiy in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial pro-
9. Terms and conditions (Explain in detail; see Part B-9 of	Instructions):
Held employee meetings to	inform them on their section 7 rights
and to answer questions p	pertaining to unions.
C. Specific Activities to be Performed 10. For each activity, separately list in detail the information a. Nature of activity: Held meetings with employ on union. Used union documents.	on required (See Part C-10 of instructions): yees, showed videos and informed them cumentation for Q & A session.
b. Period during which performed:	c. Extent performed:
8-01	
d. Names and addresses of persons through whom pe	edomed:
Gus Flores Address same as #1	S DOL
	Aeca E
11. Identify (a) Subject employees, groups of employees,	and (b) labor organizations:
	THE DROP
D. Verification and Signature. The person in item 1 abstormation in this report, including all attachments incorporation knowledge and belief, true, correct, and complete.	ove and each of his undersigned authorized officers declares, under penalty of law, that all intracted therein or referred to in this report, has been examined by him and is, to the best of his
Signed:	Signed: President Treasurer
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)
A City State	Date City State Date
A. T. DA	on: 9800 at: on:
111600	Form LM-20 (Feb. 1986

Office of Labor-Management Standards



This report is mandatory under P.L. 86-1 s amended. Failure to comply may result in criminal prosecution, fines and civil penaities as provided by 29 U.S.C. 439, 440.

State

Date

City

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. 547

A. Person Filing	\r'	
1. Name and mailing address (include ZIP code): Employee Relations Serve 1181 N. Kraemer Blvd Anaheim, CA 92806	ices 2. Any ot	her address where records necessary to verify this report are kept:
Date fiscal year ends: 4. Type of personal type of type of personal type of type of personal type of type of type of personal type of	on:	
12-31 a. □ Indivi		c. □ _K Corporation d. □ Other (Specify):
B. Nature of Agreement or Arrangement	-	
5. Full name and address of employer with whom ma	de (include ZIP code):	Date entered into:
Hampton Inn & Suites 11747 Harbor Blvd Garden Grove, CA 9284	0	6-14-01 7. Names of persons through whom made: Joan Frampton-Kirk
8. Check the appropriate box to indicate whether an	object of the activities undertake	n, is directly or indirectly:
 a. ^M To persuade employees to exercise or not collectively through representatives of their 		ees as to the manner of exercising, the right to organize and bargain
		ees or a labor organization in connection with a labor dispute involv- administrative or arbitral proceeding or a criminal or civil judicial pro-
and to answer questions		
C. Specific Activities to be Performed		
 For each activity, separately list in detail the information. Nature of activity: 	mation required (See Part C-10 o	finstructions):
		ideos and informed them or Q & A session.
b. Period during which performed:	c. Extent performed:	
7/01		
d. Names and addresses of persons through who Hector Flopes Address same as #1	m performed:	AUG 1 2 2002
D. Verification and Signature. The person in item formation in this report, including all attachments incknowledge and belief, true, correct, and complete. Signed: Signed: Multiplication and Signature. The person in item formation in this report, including all attachments incknowledge and belief, true, correct, and complete.	1 above and each of his undersi	gned authorized officers declares, under penalty of law, that all in- in this report, has been examined by him and is, to the best of his
(If other title, cross out and write in correct title above	.) (If other tit	tle, cross out and write in correct title above.)

on:

Date

State

Office of Labor-Managemer



This report is mandatory under P.L. 86-25. and 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 Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

A. Person Filing			
1. Name and mailing address (include ZIP coor Employee Relations 1181 N. Kraemer Blvd Anaheim, CA 92806	Services	Any other address where records	s necessary to verify this report are kept:
Date fiscal year ends: 4. Type 6	of person:		
12-31 a. □	Individual b. Partne	orship c. 🖳 Corporation	d. Other (Specify):
B. Nature of Agreement or Arrangement	-		
5. Full name and address of employer with wh	om made (include ZIP code):	6. Date entered into:	
BMW of San Diego		4/13/01 7. Names of persons	hrough whom made:
5050 Kearny Mesa Rd.	Can Diogo Ca	92111 Cresia Have	
Check the appropriate box to indicate whet	her an object of the activities u	92111 Craig Haue	enscein
a.	or not to exercise, or persuade		ercising, the right to organize and bargain
 To supply an employer with informating such employer, except informaticeeding. 			in connection with a labor dispute involv- oceeding or a criminal or civil judicial pro-
and to answer quest	ions percarning	, co unions:	
C. Specific Activities to be Performed			
10. For each activity, separately list in detail to	ne information required (See Pa	art C-10 of instructions):	
a. Nature of activity:			
Held meetings with on union. Used uni	employees, show on documentation	wed videos and inf on for Q & A sessi	formed them
b. Period during which performed:	c. Extent perform	ned:	
4/01			
d. Names and addresses of persons throu	igh whom performed:		9:
Hector Flores as #1			AUG1 22002
11. Identify (a) Subject employees, groups of	employees, and (b) labor organ	sizations:	WE DAOF
2.0			. 05
D. Verification and Signature. The person i	n item 1 above and each of his	s undersigned authorized officers d	eclares, under penalty of law, that all in-

formation 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:			Signed:				
· Jews In		President				*	Treasurer
(If other title, cross out and write in	correct title above.)		(If other tit	e, cross out	and write in corre	ct title above.)	· 1.15
City	State	Date /		City		State	Date
at: Araboni	Ca	on: 5/8/0/	at:	•		,	on:
',		. 1 1		٠.			Form I M-20 /Feb 1986

Office of Labor-Management Standards



This report is mandatory under P.L. 86-2. ... 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 Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. 547

A. Person Filing						
1. Name and mailing address (inclu Employee Relat 1181 N. Kraeme Anaheim, CA 92	ions Service r Blvd	es	2. Any other	er address where reco	rds necessary to verify this	report are kept:
2. Data fiscal year ander	T. T					
Date fiscal year ends:	4. Type of person:	b 🗆 Berte	arabia a	G- Corneration	d 🗆 Other/Seculture	
12-31	a. 🗆 Individual	b. Deartn	егапір с	. 🖳 Corporation	d. Other (Specify):	
B. Nature of Agreement or Arran						
Full name and address of employ	yer with whom made (inc	lude ZIP code):		6. Date entered into	0:	
Aeroground	Inc		F	bruary 8,	2001	
P. O. Box 2					is through whom made:	
San Francis	co. CA 94128	-1226		Marco Mon		
Check the appropriate box to ind					•	alan and bassain
 a. ^{\text{\texi}\text{\text{\text{\texi}\text{\texit{\text{\texi}\text{\texitit{\text{\texit{\tetit}\text{\texi}\text{\texit{\texi}\text{\texit{\texi}\tet}			ае өттрюуее:	s as to the manner or	exercising, the right to orga	nize and bargain
 To supply an employer wi ing such employer, excep ceeding. 					on in connection with a labo proceeding or a criminal or	
9. Terms and conditions (Explain M Held employee and to answer	meetings to	inform			ction 7 rights	
C. Specific Activities to be Perfo	ormed					
10. For each activity, separately lis	t in detail the information	required (See	Part C-10 of I	nstructions):		
 a. Nature of activity: 						
Held meetings on union. Use	with employed union docu	ees, sho umentati	wed vi	deos and in Q & A sess	nformed them sion.	
b. Period during which perform	ied: c	. Extent perfor	med:			
d. Names and addresses of pe	1	farmad:				
•			Coai	1129		
Addressorame	es#1Gus Flor	res, Ale	x Casi	IIas	1	ANG 1 200
11. Identify (a) Subject employees,	groups of employees, ar	nd (b) labor orga	anizations:			CALE OF
					3	ORON
			165			17.144
 D. Verification and Signature. The termation in this report, including a knowledge and belief, true, correct, 	Il attachments incorpore	re and each of lated therein or	his undersign referred to in	ed authorized officers this report, has been	s declares, under penalty on examined by him and is, to	f law, that all in- the best of his
Signed:			Signed:			
Jeny on		President				Treasure
(If other title, cross out and write in a	State	Date /	(if other title	City	n correct title above.) State	Date
(1)	A		1		Otalo	5410

on: