Agreement and Activities Report

U.S. Department of Labor



Office of Labor-Management Standards Enforcement Washington, D.C. 20216 (July 1977)

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

Form Approved-OMB No. 44-R1137

C. 0386 File No.

	A.—PER	SON FILING					
1. Name and mailing address (Include ZII	code):	2. Any other address where records necessary to verify this report are kept:					
ventive Personnel Manageme 547	ent of Oregon, Inc.						
e Oswego, OR 97034		NONE					
e oswego, ok 77034		NONE					
Date fiscal year ends: 4.	Type of person:						
12/31	a. INDIVIDUAL b. PAR	TNERSHIP c. CORPORATION d. OTHER (Specify):					
	BNATURE OF AGREE	MENT OR ARRANGEMENT					
5. Full name and address of employer with	whom made (include ZIP code)	6. Date entered into:					
Pacific Cast Technologie	es	March, 2001					
POB 908		7. Names of persons through whom made:	_				
Albany, OR 97321		Nolin Barnes					
		NOTH Barnes					
8. Check the appropriate box to indicate w							
collectively through representative	es of their own choosing.	e employees as to the manner of exercising, the right to organize and bai of employees or a labor organization in connection with a labor dispute in	-				
	-						
	ation for use solely in conjunctio	n with an administrative or arbitral proceeding or a criminal or civil jud	dicia				
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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. PRESIDENT (If other title, cross out and write in correct TREASURER (If other title, cross out and write in correct title above.) SIGNED: SIGNED: Lake Oswego, OR on5/2/01 Lake Oswego, 2/01 OR City State Date City State Date title above.)

Agreement and Activities Rer

U.S. Departmer of Labor

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.

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. 0386

		· ·					
A. Person Filing							
 Name and mailing address (included) 	de ZIP code):	Any other address where records necessary to verify this report are kept:					
Preventive Personne	l Management of						
Oregon, Inc.							
P.O. Box 547							
Lake Oswego, OR 97	034	NONE					
Date fiscal year ends:	Type of person:						
12/31	a. 🗆 Individual b. 🗆 Par	tnership c. ☑ Corporation d. ☐ Other (Specify):					
B. Nature of Agreement or Arran	gement						
5. Full name and address of employe	er with whom made (include ZIP code	e): 6. Date entered into:					
PATHWAY ENTERPP.	ISES. INC.	Jan. 2, 2001					
POB 386	2020, 21101	7. Names of persons through whom made:					
ASHLAND, OR 975	520	Bob Penney					
		_					
	·	es undertaken, is directly or indirectly:					
	exercise or not to exercise, or persusentatives of their own choosing.	uade employees as to the manner of exercising, the right to organize and bargain					
 b. ☐ To supply an employer with ing such employer, except ceeding. 	h information concerning the activitie t information for use solely in conjunc	es of employees or a labor organization in connection with a labor dispute involv- tion with an administrative or arbitral proceeding or a criminal or civil judicial pro-					
9. Terms and conditions (Explain in a	detail; see Part B-9 of instructions):						
\$190/per hour co	nsulting fee	FEB 1 6 2001					
		120 1 0 2001					
C. Specific Activities to be Perfor	rmed	USDOL/ESA OLMS/DOE/SRD					
10. For each activity, separately list							
		cribed in 8(a) above, including drafting					
	_	and supervisors; meetings with employees					
speeches, confere	nces with employer	and supervisors, meetings with employees					
 b. Period during which performe 	d: c. Extent perf						
January, 2001	comple	ted DEGIVE					
d. Names and addresses of pers	sons through whom performed:	Acan M. Zografog					

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

). Verifica	ation an	d Signature	. The person in	item 1 above	and each of his under	signed au	thorized of	ficers de	eclares, u	nder penalty	of law, that	all in-
ormation i	n this rep	port, includir	ng all attachmer	its incorporate	ed therein or referred t	o in this r	eport, has	been ex	amined b	y him and is,	to the best	of his
nowledge	and beli	ef, true, corr	ect, and comple	te.				, ,		/		
Signed:	/	Λ	1000	1.	Signed:	1)1	14.	11	-1	1		

P.O. Box 547 Lake Oswego, OR

97034

Signe	0.	111		1	11	My a	10		Signed:	ntt.	11	1. 1/1		-
))	WW	M	1	$\langle UU$	Ma	KU	President		11111	4	. 99	ans	Treasurer
(If oth	er title,	cross out	and write	e jin (correc	title ab	ove.)		(If other title,	cross out and	write in	correct title abor	ve.)	
		City	0	U		State	0	Date		City		Sta	ate	Date
at:	Lak	e Osw	rego			OR		on: 2/1/01	at: Lake	Oswego		OR	0	n: 2/1/01