Scottsdale

Arizona

on: 9-6-02

Scottsdale

## U.S. Department of Labor

Office of Labor-Management §



This report is mandatory under P.L. 86-257 as amended. Fallure 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 (LMF	RDA).	-0322
A. Person Filing			
1. Name and mailing address (include ZIP code): Sunbelt Organization Services, In 8711 East Pinnacle Peak Road, #28 Suite F-110 Scottsdale, Arizona 85255	c.	ere records necessary to veri	fy this report are kept:
Date fiscal year ends:			
a.   Individual b.   P	artnership c. 🛣 Corpor	ation d.   Other (Spec	cify):
B. Nature of Agreement or Arrangement	1 - Specifical   10 - 11 - 11 - 11 - 11 - 11 - 11 - 11		
<ol><li>Full name and address of employer with whom made (include ZIP co CHC Industries, Inc. (Cleaners</li></ol>	de): 6. Date ente	ered into: 8-19-02	
Hanger Company) 8801 Wise Avenue	7. Names o	f persons through whom mad	ie:
Baltimore, MD 21222	Ste	ve Kilberg, Pla	ant Manager
<ul> <li>8. Check the appropriate box to indicate whether an object of the actival.</li> <li>a. To persuade employees to exercise or not to exercise, or percollectively through representatives of their own choosing.</li> <li>b. To supply an employer with information concerning the actival ing such employer, except information for use solely in conjucceeding.</li> </ul>	suade employees as to the ma	nner of exercising, the right to	a labor dispute involv-
Company was employed on a per hourelative to duration or amount of on a per hour rate.	r basis with no	formal writte	en agreements chedule based
C. Specific Activities to be Performed			1
<ol> <li>For each activity, separately list in detail-the information required (a. Nature of activity:</li> </ol>	See Part C-10 of instructions):		
Presented informational meetings to of unionization, the role of the I	o company employ	rees relative to Stive bargaining	o the process
b. Period during which performed: c. Extent p	erformed:		
8-02/9-02		8-02	
d. Names and addresses of persons through whom performed:			
M.G. Gibbons, B.A. Housel, P.A. Li	st, S.B. Walkes	(Addresses as	in #1 above)
11. Identify (a) Subject employees, groups of employees, and (b) labor	organizations:	25 0 42470 0	
<ul><li>a) All regular FT &amp; PT drivers, premployees</li><li>b) Teamsters, Local 570</li></ul>	oduction, wareh	ouse & maintena	ance mechanic
D. Verification and Signature. The person in item 1 above and each formation in this report, including all attachments incorporated therein knowledge and belief, true, correct, and complete.	n or referred to in this report, h	officers declares, under per as been examined by him an	nalty of law, that all in- id is, to the best of his
Signed Chairman/Chair		n. Herhest	Secretary/ Treasurer
(If other title, cross out and write in correct title above.)		d write in correct title above.	
City State Date	City	State	Date

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

City

Scottsdale

## U.S. Department of Labor

Office of Labor-Managemer

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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. -0322

A. Person Filing		
<ol> <li>Name and mailing address (include ZIP code):</li> </ol>	2. Any other address where records necessary to verify this report are kept:	
Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 Scottsdale, Arizona 85255		
Date fiscal year ends:     4. Type of person:		
a.   Individual b.   Parts	nership 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: 8 - 6 - 0 2	
Contour Packaging Corp.	Names of persons through whom made:	
637 West Rockland Street Philadelphia, PA 19120	Stephen Mannino, President	
Check the appropriate box to indicate whether an object of the activities		
<ul> <li>collectively through representatives of their own choosing.</li> <li>b.   To supply an employer with information concerning the activities ing such employer, except information for use solely in conjuncticeding.</li> </ul>	s of employees or a labor organization in connection with a labor dispute involv- ion 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):		
3.040	25 ugo	
relative to duration or amount of ho on a per hour rate.	basis with no formal written agreements wirs to be performed. Fee schedule based	
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: to Blockbrin, but burger and (p) repolited	San Transport	
Presented informational meetings to of unionization, the role of the NLF	company employees relative to the process RB, and collective bargaining.	
b. Period during which performed: c. Extent perfo	omed:	
8-02/9-02	8-02	
d. Names and addresses of persons through whom performed:	S COLE	
P. A. List, S. B. Walkes (Addresses	as in #1 above)	
11. Identify (a) Subject employees, groups of employees, and (b) labor org	anizations:	
a) Lithographic division, printers;	packers, forklift	
b) United Independent Union, NFIU/LI		
D. Verification and Signature. The person in item 1 above and each of tormation in this report, including all attachments incorporated therein or knowledge and belief, true, correct, and complete.	his undersigned authorized officers declares, under penalty of law, that all in- referred to in this report, has been examined by him and is, to the best of his	
Signed: Chairman/CEC	Signed: Secretary/	

Date

8-12-

State

Date

State

Arizona

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

City

City

Scottsdale

State

Arizona

Date

on: 10-24-02 at:

City

Scottsdale

## U.S. Department of Labor

Office of Labor-Management S'

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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. -0322

A. Person Filing	ada):	O A
<ol> <li>Name and mailing address (include ZIP of Sunbelt Organization</li> </ol>		<ol><li>Any other address where records necessary to verify this report are kept:</li></ol>
8711 East Pinnacle Pe		
Scottsdale, Arizona	85255	
Date fiscal year ends:     4. Type	e of person:	ler
12-02 <b>a.</b> 0	☐ Individual b. ☐ Partne	ership 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: 9 - 3 0 - 0 2
Murphy-Brown LLC		9-30-02
2822 Highway 24 West		7. Names of persons through whom made:
Warsaw, NC 28398		Jim Ludes, Sr. VP-Operations
8. Check the appropriate box to indicate who	ether an object of the activities	undertaken, is directly or indirectly:
a. To persuade employees to exercis collectively through representative	e or not to exercise, or persuades of their own choosing.	de employees as to the manner of exercising, the right to organize and bargain
		of employees or a labor organization in connection with a labor dispute involv- on with an administrative or arbitral proceeding or a criminal or civil judicial pro-
9. Terms and conditions (Explain in detail; se	ee Part R-9 of instructions):	14 Other 403, 000 - 1000, 0000 - 1000 - 1000 - 1000
o. Tomis and conditions (Explain in detail, se	or art b o or motrootions).	Signed.
Company was employed relative to duration on a per hour rate.	on a per hour lor amount of hou	basis with no formal written agreements urs to be performed. Fee schedule based
C. Specific Activities to be Performed		
10. For each activity, separately list in detail	the information required (See F	Part C-10 of instructions):
a. Nature of activity:	100000000000000000000000000000000000000	2 10 10 10 10 10 10 10 10 10 10 10 10 10
,	al meetings to a	company employees relative to the process
of unionization, the	role of the NLR	B, and collective bargaining.
	4,4	(A.E.S.
b. Period during which performed:	c. Extent perform	med:
9-02/11-02		9-02
d. Names and addresses of persons three	ough whom performed:	
P.A. List, M.G. Gibbo	ns, B.A. Housel	, L.N. Umble (Addresses as in #1 above)
11. Identify (a) Subject employees, groups of	of employees, and (b) labor organ	nizations:
emps at Pose Uill W	argaw Markaga	inees with CDLs, & truck maintenance
b) Teamsters, Local 3	91	Bladenboro & Laurinburg, NC facilities
	ments incorporated therein or re	is undersigned authorized officers declares, under penalty of law, that all in- eferred to in this report, has been examined by him and is, to the best of his
Signed!	Chairman/CEC	Signed: Secretary/Treasurer
(If other title, cross out and write in correct ti		(If other title, cross out and write in correct title above.)

Date

on: 10-24-02

State

Arizona