Agreement and Activities Report

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB No. 1215-0188 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. Expires 07-31-2004 File No. 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 Any other address where records necessary to verify this report are kept: 1. Name and maling address (include ZIP code): 3. Date fiscal year ends: c. Corporation d. Other (Specify): b. Dertnership Nature of Agreement or Arrangement 6. Date entered into: Full name and address of employer with whom made (include ZIP code): persons through whom made: 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly. 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. 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): bargaining hare UNION-thee 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: Mex with Management 16-12-2010 Mgr. Sejong-H Names and addresses of persons through whom performed: broups of employees, and (b) labor organizations D. Verfication 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 implies and is to the best of his knowledge and belief, true, correct, and complete. Signed: Signed: Treasurer President (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) Date State