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

Arizona

City

Scottsdale

U.S. Department of Labor

Office of Labor-Managemen



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 Individu Under Section 203(b) of the Labor-Management Reporting and Disclosure Act	als and Organizations, of 1959, as amended (LMRDA).	File No. C0322
A. Person Filing		
Name and mailing address (include ZIP code):	2. Any other address where records ned	cessary to verify this report are kept:
Sunbelt Organization Services, Inc.		
8711 East Pinnacle Peak Road, #287		
Suite F-110 .		
Scottsdale, Arizona 85255		
Date fiscal year ends:		
a. Individual b. Partr	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 - 7 - 0 1	
WSMW Industries, Inc.		
3025 Bowlerama Drive	Names of persons through	igh whom made:
New Castle, DE 19720	Thomas Haug	gh, President
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 persua collectively through representatives of their own choosing. 	de employees as to the manner of exercis	sing, the right to organize and bargain
 To supply an employer with information concerning the activities ing such employer, except information for use solely in conjunction ceeding. 		
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):		
Company was employed on a per hour relative to duration or amount of hor on a per hour rate.	ers to be performed.	written agreements Fee schedule based
C. Specific Activities to be Performed		4-7-4-7-4-7-4-7-4-4-4-4-4-4-4-4-4-4-4-4
10. For each activity, separately list in detail the information required (See	Part C-10 of instructions):	
a. Nature of activity:		
Presented informational meetings to coof unionization, the role of the NLR	ompany employees rela B, and collective ba	ative to the process
b. Period during which performed: c. Extent perfor	med:	
9-01/10-01	9-01	
d. Names and addresses of persons through whom performed:	1 1 3 101	
B. A. Housel, P. A. List, & L. N. Um	ble (Addresses as in	#1 above)
	1881 88 1831	
11. Identify (a) Subject employees, groups of employees, and (b) labor organization	nizations:	3
a) All FT & reg. PT pipefitters, pip & millwrights	e welders, working p	ipefitter foremen
b) Plumbers & Pipefitters Local 74		
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.		
Signed: Chairman/CEO	Signed:	ether Secretary/

Date

on: 9-24-01

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

Scottsdale

Agreement and Activities Rer

U.S. Departmen' f Labor

Office of Labor-Manageme... 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

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		
1. Name and mailing address (i	nclude ZIP code):	2. Any other address where records necessary to verify this report are kept:
Sunbelt Organiz	ation Services, Inc.	
8711 East Pinna	cle Peak Road, #287	
Suite F-110		
Scottsdale, Ari	zona 85255	
3. Date fiscal year ends:	Type of person:	\$72
12-01	a. Individual b. Partr	ership c. Corporation d. Other (Specify):
B. Nature of Agreement or A	rrangement	
E Full same and address of an	polovor with whom made (include 7IP code):	6 Date entered into:

5. Full name and address of employer with whom made (include ZIP coordinate)

Waste Management, d/b/a Efficient

Sanitation, 22650 Stevenson, Clinton Township, MI 48035 6. Date entered into: 2-22-01

7. Names of persons through whom made:

Don Barretta, Gen. Mgr.

8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. 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.
- b.

 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):

Company was employed on a per hour basis with no formal written agreements relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

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:

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

b. Period during which performed:	c. Extent performed:	DEBENVED
2-01/3-01		2-01
d. Names and addresses of persons through	whom performed:	MAR 3 0 2001 LD
M. G. Gibbons (Address a	s in #1 above)	See." Seed.
		USDOL/ESA OLMS/DOE/SRD

- 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:
- a) Drivers, mechanics, welders, helpers, utility, loaders, compactor repairmen, tiremen, lubemen
- b) Teamsters, Local 247

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all intermation 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?

Signe	d:	M Ch	airman/CEO	Signed:	m. Herbert	Secretary/ Treasurer
(If oth	er title, cross out and	write in correct title above	.)	(If other title, cross out	t and write in correct title above.)	
	City	State	Date	City	State	Date
at:	Scottsdale	Arizona	on: 3-6-01	at: Scott	sdale Arizona	on: 3-6-01

U.S. Department of Labor

Office of Labor-Managem

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

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations. C. File No. -0322Under 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): 2. Any other address where records necessary to verify this report are kept: Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 Suite F-110 MAR 3 n 2001 Scottsdale, Arizona 85255 3. Date fiscal year ends: Type of person: c. A Corporation d. Other (Specify): S/DOE/SRD a.

Individual b.

Partnership 12-01 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: 1-26-01 Wholesale Builders Supply, Inc. 7. Names of persons through whom made: 200 First Street Carnegie, PA 15106 John Golem, President 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. 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. b. 🗆 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 pro-9. Terms and conditions (Explain in detail; see Part B-9 of instructions): Company was employed on a per hour basis with no formal written agreements relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate. 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: Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

b. Period during which performed: c. Extent performed: 1 - 01/2 - 01 1 - 01 d. Names and addresses of persons through whom performed:

- M. G. Gibbons & B. A. Housel (Address as in #1 above)
- 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:
- a) FT & reg. PT drivers, drivers/crane operators, yardmen, warehousemen, dry wall stockers & laborers
- b) Teamsters, Local 205

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.

Sign	ed: IC A	W Chr	airman/CEO President	Signed:	derheit	Secretary/
(If ot	her title, cross out and write	in correct title above.)	AAAAA	(If other title, cross out and write in	correct title above.)	
	City	State	Date	City	State	Date
at:	Scottsdale	Arizona	on: 2-1-01	at: Scottsdale	Arizona	on: 2-1-01

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

State

Date

on: 1-29-01 at:

City

Scottsdale

U.S. Department of Labor

Office of Labor-Manageme.

dards



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

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

Under Section 203(b) of the Labor-Management	Reporting and Disclosure Ad	ct of 1959, as amended (LMRDA).	FIIO NO.	00322
A. Person Filing				
1. Name and mailing address (include ZIP co	de):	2. Any other address where re	ecords necessary	to verify this report are kept:
Sunbelt Organization S 8711 East Pinnacle Pea Suite F-110				
Scottsdale, Arizona 8	5255			
	of person:			
	Individual b. Dert	tnership c. 🏋 Corporation	d. 🗆 Other	(Specify):
3. Nature of Agreement or Arrangement				
. Full name and address of employer with wi		6. Date entered i	into: -18-01	-
Coffee Associates, Inc		7 Names of som		
178 Old River Road			sons through whom n Dean Cal	
Edgewater, NJ 07020 Check the appropriate box to indicate whe		and the State of t		11as
 a. A To persuade employees to exercise collectively through representatives b. To supply an employer with informating such employer, except informaticeeding. 	s of their own choosing. Ition concerning the activities	es of employees or a labor organiz	ation in connection	n with a labor dispute involv-
. Terms and conditions (Explain in detail; see				
on a per hour rate. Specific Activities to be Performed For each activity, separately list in detail to a. Nature of activity: Presented informationa	l meetings to	company employees	s relative	e to the process
of unionization, the r	cole of the NLI	RB, and collective	ve bargai:	ning.
b. Period during which performed:	c. Extent perfo	ormed:		
1-01/2-01		1	-01	
d. Names and addresses of persons thro	ugh whom performed:			DERBIWE
P. A. List & M. G. Gib	bons (Address	as in #1 above)		JUN 2 I 2001
1. Identify (a) Subject employees, groups of	employees, and (b) labor org	ganizations:		m bod
a) Production, mainter	nance, shipping	g and receiving,	drivers	USDOL/ESA OLMS/DOE/SRD
b) Teamsters, Local 12	25			***
Verification and Signature. The person ormation in this report, including all attachm nowledge and belief, true, correct, and comp	ents incorporated therein or	his undersigned authorized office referred to in this report, has be	ers declares, unde en examined by h	er penalty of law, that all in- im and is, to the best of his
igned!	Chairman/CE	Signed:	1. leterhe	Secretary/

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

Scottsdale

City

on:

Arizona

Date

1-29-01