at: Scottsdale

U.S. Department of Labor

Office of Labor-Managem



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

Hequired of Persons, including Labor Helations Consultants and Other in Under Section 203(b) of the Labor-Management Reporting and Disclosur	e Act of 1959, as an	mended (LMRDA).	File No. C.	-0322	
A. Person Filing					
Name and mailing address (include ZIP code):	2. Any other	address where records n	ecessary to verify	this report are kept:	
Sunbelt Organization Services, In	c.				
8711 East Pinnacle Peak Road, #28					
Suite F-110					
Scottsdale, Arizona 85255					
Date fiscal year ends: 4. Type of person:					
	Partnership c.	Corporation d.	☐ Other (Specif	hv)-	
12-01	rarthership c.	d corporation d.	□ Other (Specia	1).	
B. Nature of Agreement or Arrangement					
5. Full name and address of employer with whom made (include ZIP of	ode):	6. Date entered into: 3 - 27 -	01		
Waste Management		7 11			
19 Wheeler Street	1985	7. Names of persons through whom made:			
New Haven, CT 06512		Dwight E. Herring, Dist. Mgr.			
8. Check the appropriate box to indicate whether an object of the acti	vities undertaken, is	directly or indirectly:			
 a.	ersuade employees	as to the manner of exerc	ising, the right to o	organize and bargain	
 To supply an employer with information concerning the acti ing such employer, except information for use solely in conj ceeding. 	vities of employees unction with an adm	or a labor organization in inistrative or arbitral proc	connection with a eeding or a crimina	labor dispute involv- al or civil judicial pro-	
9. Terms and conditions (Explain in detail; see Part B-9 of instructions	١.				
C. Specific Activities to be Performed For each activity, separately list in detail the information required a. Nature of activity:	(See Part C-10 of ins	structions):	AMERICAN SERVICES		
Presented informational meetings to of unionization, the role of the					
b. Period during which performed: c. Extent p	performed:				
3-01/3-01		3-01	DB		
		2-01	1101,13	G E A W R	
d. Names and addresses of persons through whom performed:			11031	B n	
M. G. Gibbons (Address as in #1 a	bove)		JULI API	R 3 0 2001	
11. Identify (a) Subject employees, groups of employees, and (b) labor	r organizations:	1	1	SDOL/ESA	
a) Pre-petition: drivers, helper	s, & mecha	nics	OLM	S/DOE/SRD	
b) Pre-petition: Teamsters, Loca	1 443				
D. Verification and Signature. The person in item 1 above and each tormation in this report, including all attachments incorporated there knowledge and belief, true correct, and complete.	th of his undersigner in or referred to in the	d authorized officers dec his report, has been exar	lares, under penals nined by him and i	ty of law, that all in- is, to the best of his	
Signed: Chairman/	ident!	- 10 / 00	lechert	Secretary/ Treasurer	
(If other title, cross out and write in correct title above.)		cross out and write in cor			
City State Date	1	City	State	Date	

Agreement and Activities Report

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

State

Arizona

Date

on: 4-12-01

City

Scottsdale

U.S. Department of Labor

Office of Labor-Managem.



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OMB No. 1214-0001

Required of Persons, including Labor Helations Consultations United Section 203(b) of the Labor-Management Reporting	ng and Disclosure Act of 195	59, as amended (LMRDA).	File No. C.	-0322	
A. Person Filing					
Name and mailing address (include ZIP code):	2. A	ny other address where rec	ords necessary to verify	this report are kep	ot:
Sunbelt Organization Servi 8711 East Pinnacle Peak Ro Suite F-110	oad, #287				
Scottsdale, Arizona 85255					
Date fiscal year ends:		Y	. = 011-101	14. A.	
a. □ Indivi	dual b. Partnershi	p c. 🖰 Corporation	d. Other (Speci	ry):	
B. Nature of Agreement or Arrangement		,			
5. Full name and address of employer with whom ma	de (include ZIP code):	6. Date entered in 3 -	nto: -29-01		
Inland Paperboard & Packag	ging, Inc.	7 Name of a second	thunb whom made		
1270 Old Baltimore Pike,	P.O.Box 493	The second secon	ons through whom made		Marx
8. Check the appropriate box to indicate whether an	chiect of the activities unde			Dedoctor:	
To persuade employees to exercise or not collectively through representatives of their	r own choosing.	ployees as to the manner of	r exercising, the right to	organize and barg	ain
 To supply an employer with information coreing such employer, except information for a ceeding. 					
Company was employed on a relative to duration or am on a per hour rate. C. Specific Activities to be Performed					
For each activities to be Performed For each activity, separately list in detail the information of the performance of	rmation required (See Part C	-10 of instructions):			
Nature of activity:	mation required loce rant o	To or instructions).			
0.00 to 1.00 t					
Presented informational me of unionization, the role	of the NLRB,	any employees and collectiv	relative to re bargainin	g.	ess
b. Period during which performed:	c. Extent performed:			S U W E	
3-01/4-01		3 -	-01 D 3 6	E V L	
d. Names and addresses of persons through who	om performed:		I/III ADD	3 0 2001	TU
B. Medrano (Address as in	#1 above)		IUU] AFR	. 3 0 2001	
				ISDOL/ESA	
Identify (a) Subject employees, groups of employ	ees, and (b) labor organization	ons:	ULK	MS/DOL/SRD	
a) All production & mainte	enance employe	es, including	truck driv	ers	
b) Paper Allied Industrial	l Chemical & E	nergy Interna	ational Unio	n	
D. Verification and Signature. The person in item tormation in this report, including all attachments including all attachments including all attachments including and belief, true, correct, and complete.					
Signed. Cr	nairman/CEO Signo	ed: June m	. Werhert	Secreta	ry/

Date

on: 4-12-01

State

Arizona

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

Scottsdale

City

U.S. Department of Labor

Office of Labor-Managen.

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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

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				
Name and mailing address (include ZIP code):		2. Any other address where records necessary to verify this report are kept		
	tion Services, Inc. le Peak Road, #287 ona 85255			
Date fiscal year ends:	Type of person:	3		
12-01	a. Individual b. Partr	nership c. 🕇 Corporation d. 🗆 Other (Specify):		
B. Nature of Agreement or Arra	ngement			
	yer with whom made (include ZIP code):	6. Date entered into: 3-15-01		
Nikko Ceramics Inc.		7. Names of a superather when model		
114-120 Seaview Drive		7. Names of persons through whom made:		
Secaucus, NJ 07094		Norm Yamamoto		

- 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.

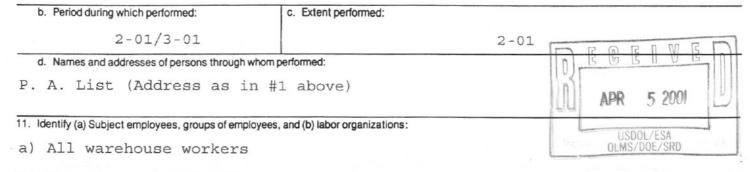
 To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
- 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) Teamsters, Local 560

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.

Signe	ed:	with cr	nairman/CEC	Signed: Granne M.	Herhert	Secretary/
(If ot	her title, cross out and v	write in correct title above	.)	(If other title, cross out and write i	in correct title above.)	
	City	State	Date	City	State	Date
at:	Scottsdale	Arizona	on: 3-23-01	at: Scottsdale	Arizona	on: 3-23-01
						F 11100 F : 1000