U.S. Department of Labor

Office of Labor-Management



4/5/02

CA

This report is mandatory under P.L. 86-257 as amended. Failure to comply may OMB No. 1214-0001 Result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440. 12/31/86 Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Sections 203(b) of Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). File No. A. Person Filling 1. Name and mailing address (include Zip Code): 2. Any other address where records necessary to verify this report are kept. Labor Relations Services, Inc. NONE 24 Corporate Plaza, Suite #100 Newport Beach, CA 92660 3. Date fiscal year ends: 4. Type of Person: Individual b. Partnership c. X Corporation Other (Specify): 12/31/2002 B. Nature of Agreement of Arrangement 5. Full name and address of employer with whom made (include Zip code): Date entered into: 12/26/2002 PANKL AEROSPACE SYSTEMS, INC 7. Name of persons through whom made: 16615 EDWARDS ROAD MR. ROBERT GIROUX CERRITOS, CA 90703 DIRECTOR OF OPERATIONS 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly a. X 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): All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$245.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost. 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: Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of representation election. b. Period during which performed: c. Extent performed: Pendency of NLRB None as of this date d. Names and addresses of persons through whom performed: JOHN M. HERMANN (SAME ADDRESS AS ITEM # 1A) DOUGLAS MUIR (SAME ADDRESS AS ITEM # 1 A) RICARDO PASALAGUA (SAME ADDRESS AS ITEM # I A) CHAS PATTERSON (SAME ADDRESS AS ITEM # 1 A) 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: (a) All full-time and regular part-time employees. (b) IAM 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. Signed: Signed: President Treasurer (If other tite, cross out and write in correct title above) (If other title, woss out and write in correct title above) State Date City State Date

At: Newport Beach

CA

At: Newport Beach

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management



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OMB No. 1214-0001 12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Sections 203(b) of Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).			File No. C. 327	
A. Person Filling				
1. Name and mailing address (include Zip Code):		2. Any other address where records r	necessary to verify this report are kept.	
v 1 15 1 2 1 6 1	•			
Labor Relations Services, Inc.		1 .	IONE	
24 Corporate Plaza, Suite #100 Newport Beach, CA 92660		``	ONE	
Newport Beach, CA 920	60			
3. Date fiscal year ends:	4. Type of Person:			
12/31/2002	a. Individual b. Partnership	c. X Corporation d.	Other (Specify):	
B. Nature of Agreement o	f Arrangement			
	f employer with whom made (include Zip code):	6. Date entered into:		
		12/24/2002		
NASH FINCH COMPANY				
7600 FRANCE AVENUE		7. Name of persons through whom made:		
MINNEAPOLIS, MN 5543	35	MS. KRISTIN P. LEBRE		
		ASSISTANT GENERAL CO	JUNSEL	
8. Check the appropriate bo	ox to indicate whether an object of the activities	undertaken, is directly or indirectly		
a. X To persuade en	ployees to exercise or not to exercise, or persua	de amployees of to the monner of ever	sicing the right to arganize and become	
	ough representatives of their own choosing.	ac employees as to the manifel of exer	asing, the right to organize and bargain	
b. To supply an er	mployer with information concerning the activiti	es of amployees or a labor promission	n in connection with a labor disputa	
	employer, except information for use solely in c			
judicial proceed		mjulicitore with an authoristiance of ac	Queen brocecounk of a cultimitation civil	
9. Terms and conditions (E	explain in detail; see Part B-9 of instructions):			
·	•			
	Section C10 (a) below shall be performed on an			
	rformance of such services as travel, accommoda	tions, copies, telephone long distance,	, etc., will be reimbursed to Labor	
Relations Services, Inc.	at actual cost.			
C. Specific Activities to be	Performed			
	tely list in detail the information required (See P	art C-10 of instructions):		
• •	•	,		
	Labor Relations Services, Inc. has been retained			
	with regard to the manner in which they exercise			
	meetings with employees and in communicating	in writing during the period immediat	tely prior to the conduct of	
	representation election.			
b. Period during which p	performed:	c. Extent performed:		
Pendency of NLRE	1	None as of this date		
1 chachey of Fille		Floric as Of this date		
d. Names and addresses	of persons through whom performed:		400	
			Part 1	
MICHAEL PENN	(SAME ADDRESS AS ITEM # 1 A)		M16200	
RICARDO PASALAGUA	(SAME ADDRESS AS ITEM # 1 A)		(E = 0	
			(Conc)	
	loyees, groups of employees, and (b) labor organ	izations:		
(a) All full-time and rep	gular part-time employees.			
AN DECRETOCAL #7	ያ / ምላ ያንኤ ያኝ የተነጥ እ			
(b) UFCW LOCAL # 7	(DENVER)			
The Transfer of the Colonial C			3 1, 61 1 4 15	
	ture. The person in item 1 above and each of his			
knowledge and belief, true	ncluding all attachments incorporated therein or	reserved to in una report, has been exa	nance by min and is, to the dest of his	
Anowicuse and benef, this	correct, and complete.			
Signed:		Signed: / / 1		
·	<i>t</i> 1.			
\\/\/\/	4 L Presiden		Treasurer	
(If other title, cross out and	write in correct title above)		n correct title above)	
City	State Date	City		
At: Newport Beach	CA	At: Newport Beach	State Date CA 4/05/03	

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management



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Result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001 12/31/86

	ding Labor Relations Consultants and Other Indi Labor-Management Reporting and Disclosure Ac		A). File No. C. 527	
A. Person Filling				
Name and mailing address (include Zip Code):		2. Any other address where records necessary to verify this report are kept.		
Labor Relations Services, Inc. 24 Corporate Plaza, Suite #100 Newport Beach, CA 92660		NONE		
3. Date fiscal year ends:	4. Type of Person:		<u></u>	
12/31/2002	a. Individual b. Partnership	c. X Corporation	d. Other (Specify):	
B. Nature of Agreement	of Arrangement			
5. Full name and address of employer with whom made (include Zip code):		6. Date entered into: 12/24/2002		
PECHANGA DEVELOPMENT CORPORATION		7. Name of persons through whom made:		
45000 PALA ROAD		MR. JOHN PALINKAS		
TEMECULA, CA 92592		PRESIDENT		
		FRESIDENT		
8. Check the appropriate b	ox to indicate whether an object of the activities	undertaken, is directly or indire	ectly	
	nployees to exercise or not to exercise, or persua- ough representatives of their own choosing.	de employees as to the manner	of exercising, the right to organize and bargain	
	mployer with information concerning the activiti- employer, except information for use solely in ca ding.			
9. Terms and conditions (I	Explain in detail; see Part B-9 of instructions):			
All services described in	Section C10 (a) below shall be performed on an rformance of such services as travel, accommoda			
C Consider A selection to be	- Bu-fau			
C. Specific Activities to b	ately list in detail the information required (See P	out C 10 of instance in a city		
to. For each activity, separa	itery usi in detail the information required (see r	art C-10 of instructions):		
a. Nature of activity:	Labor Relations Services, Inc. has been retained with regard to the manner in which they exercise meetings with employees and in communicating	e their rights to organize and ba	argain collectively. We will assist in conducting	
b. Period during which	performed:	c. Extent performed:		
Pendency of NLRI		None as of this date		
rendency of NEKI	,	None as of this date		
d. Names and addresses JOHN HERMANN	of persons through whom performed: (SAME ADDRESS AS ITEM # 1 A)	STEVE BEYER (SAME ADDRESS AS ITEM # 1 A)	
ED VILLANUEVA	(SAME ADDRESS AS ITEM # 1 A)	RANK KRONEWITTER (SAME ADDRESS AS ITEM # 1 A)	
RICARDO GARCIA	(SAME ADDRESS AS ITEM # 1 A) F		SAME ADDRESS AS ITEM # 1 A)	
DELIA VITAL	(SAME ADDRESS AS ITEM # 1 A)		·	
		<u></u>		
	loyees, groups of employees, and (b) labor organ gular part-time employees.	izations:	MIG	
(b) H.E.R.E. AND CV	VA.		Sec.	
D. Verification and Signa	ture. The person in item 1 above and each of his	undergioned authorized office-	re declares under monalty of law that all	
information in this report, i knowledge and belief, true	including all attachments incorporated therein or	referred to in this report, has be	een examined by him and is, to the best of his	
		T 6:		
Signed:	/	Signed:		
/ // //	Presiden Presiden	1/1/1/1	T	
(If other title crowledge and	write in correct title above)		Treasurer	
City	State Date	City	I write in correct title above) State Date	
At: Newport Beach	CA_	At: Newport Beach	State Date CA 4/5/07	