

Agreement and Activities Report

U.S. Department of Labor

Employment Standards Administration
Office of Labor-Management 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.

Form approved - OMB No. 1215-0188
Expires 11-30-2002

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. 272

A. Person Filing

1. Name and mailing address (include ZIP code): CBC Consulting, Ltd. 5900 Lorac Dr., Suite 101 Clarkston, MI 48346	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: 12-31-00	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Los Angeles Orthopaedic Hospital 2400 S. Flower Los Angeles, CA 90007	6. Date entered into: 9-00
7. Names of persons through whom made: Terry Sillo	

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):

For services rendered during the union campaign. To answer questions of management, and employees concerning the law so as not to violate the employees' rights or the rights of the union. Included would be group meetings with employees. \$41,169.00 to be received by check.

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:

Group meetings with employees.

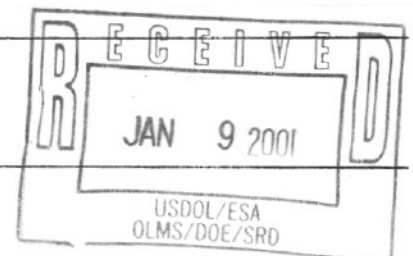
b. Period during which performed: 9-00 thru 11-00	c. Extent performed: Complete
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d. Names and addresses of persons through whom performed:

Address - Same as #1
Harold Craft, James Capistrant

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Employees of Los Angeles Orthopaedic Hospital



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: <i>[Signature]</i> (If other title, cross out and write in correct title above.) City: Clarkston State: MI Date on: 12/28/00 at: Clarkston	Signed: <i>[Signature]</i> (If other title, cross out and write in correct title above.) City: Clarkston State: MI Date on: 12/28/00 at: Clarkston
President	Treasurer

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File No. C. 272

A. Person Filing

1. Name and mailing address (include ZIP code): CBC Consulting, Ltd. 5900 Lorac Dr., Suite 101 Clarkston, MI 48346	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: 12-31-00	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

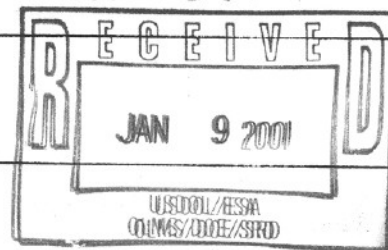
5. Full name and address of employer with whom made (include ZIP code): Ultra-Cast, Inc. PO Box 28 - Blair Pike Road Peru, IN 46970	6. Date entered into: 11-00
7. Names of persons through whom made: Gerald Brubaker	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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):

For services rendered during the union campaign. To answer questions of management, and employees concerning the law so as not to violate the employees' rights or the rights of the union. Included would be group meetings with employees. \$20,000.00 to be received by check.

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: Group meetings with employees.	
b. Period during which performed: 11-00 thru 11-00	c. Extent performed: Complete
d. Names and addresses of persons through whom performed: Address - Same as #1 John Herrmann, III, Dennis Chaivre	
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Employees of Ultra-Cast	



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: <i>[Signature]</i> (If other title, cross out and write in correct title above.) City: Clarkston State: MI Date on: 12/27/00 President	Signed: <i>[Signature]</i> (If other title, cross out and write in correct title above.) City: Clarkston State: MI Date on: 12/27/00 Treasurer
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File No. C. 272

A. Person Filing

1. Name and mailing address (Include ZIP code): CBC Consulting, Ltd. 365 Mill St., P.O. Box 287 Ortonville, MI 48462	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: 12-31-00	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): VPI, LLC 360 Range Line Road, PO Box 138 Sheboygan Falls, WI 53085	6. Date entered into: 5-00
7. Names of persons through whom made: John Crawford	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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):

For services rendered during the union campaign. To answer questions of management, and employees concerning the law so as not to violate the employees' rights or the rights of the union. Included would be group meetings with employees. \$22,525.00 to be received by check.

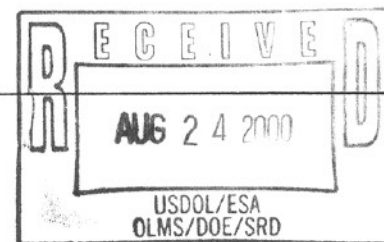
C. Specific Activities to be Performed**10. For each activity, separately list in detail the information required (See Part C-10 of instructions):****a. Nature of activity:**

Group meetings with employees.

b. Period during which performed: 5-00 thru 6-00	c. Extent performed: Complete
d. Names and addresses of persons through whom performed: Address - Same as #1 Dennis Chaivre, James Belter	

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Employees of VPI, LLC - Sheboygan Falls, WI



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: <i>Frank T. Danesi</i> (If other title, cross out and write in correct title above.) City State Date at: Ortonville, MI on: 8-11-00	Signed: <i>Harold D. Craft</i> (If other title, cross out and write in correct title above.) City State Date at: Ortonville, MI on: 8/11/00
President	Treasurer