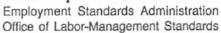
U.S. Depar

ent of Labor





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 f Under Section 203(b) of the Labor-Mai	Relations Consultants and Consultants and Consultants	Other Individuals a	and Organizations,	File No. C. 272
A. Person Filing	nagement reporting and D	isclosure Act of 1	303, as amondod (2.11.1.2.1).	
Name and maling address (include	ZIP code):	2. Any other a	ddress where records neces	sary to verify this report are kep
CBC Consulting, Ltd. 5900 Lorac Dr., Suit Clarkston, MI 48346	te 101			
3. Date fiscal year ends: 4.	. Type of person:			:
12-31- 02	a. Individual b.	☐ Partnership	c. Corporation d. C	Other (Specify):
B. Nature of Agreement or Arran			To 6	
5. Full name and address of employer with whom made (include ZIP code): Bayside Beverage Corporation			6. Date entered into: 01-02 7. Names of persons through	ich whom made:
1008 Franklin St., PO Box 454				
8. Check the appropriate box to indi	cate whether an object of t	the activities unde	raken, is directly or indirect	V:
To persuade employees organize and bargain co	s to exercise or not to ex illectively through represe with information concerning molover, except information	ercise, or persua entatives of their	ade employees as to the ma own choosing.	anner of exercising, the right t zation in connection with a labo inistrative or arbitral proceedin
9. Terms and conditions (Explain in	detail; see Part B-9 of instru	uctions):		
For services rende of management, and the employees' rig group meetings wit	themployees conghts or the rig	cerning the	ne law so as no e union. Includ	ot to violate
C. Specific Activities to be Perf			A DE CONTRACTOR DE LA CONTRACTOR DE CONTRACT	
 For each activity, separately list a. Nature of activity: 	in detail the information red	quired (See Part C	-10 of instructions):	To a to
Group meetings	with employee	s.		Heard Sylven
 b. Period during which perform 	med: c. Exter	nt performed:		
01-02 thru 04-0				
d. Names and addresses of p Address - Same a Charles LaMarre	persons through whom persons $\#1$	rformed:		
11. Identify (a) Subject employees, g	roups of employees, and (b) labor organizat	ions:	
Employees of Ba				
D. Verfication and Signature. The that all information in this report, include to the best of his knowledge and beli			dersigned authorized officers referred to in this report, has	declares, under penalty of law, s been examined by him and is,
Signed:	coming all many many	Signed:	11 000	1

President

Date

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

Clarkston

State

MI

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

State MI

Clty Clarkston

at:

Treasurer

Agreement and Activities Report

Signed:

at:

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

Clarkston

State

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



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

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 Filling Any other address where records necessary to verify this report are kept: 1. Name and maling address (include ZIP code): CBC Consulting, Ltd. 5900 Lorac Dr., Suite 101 Clarkston, MI 48346 3. Date fiscal year ends: 4. Type of person: c. Corporation d. Other (Specify): a.
Individual b. Partnership 12 - 31 - 02B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): 6. Date entered into: Blue Dot of Michigan 30633 Schoolcraft Road 7. Names of persons through whom made: Andy Piercefield Livonia, MI 48150 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): 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. \$ 212,100.00 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: c. Extent performed: 09-01 thru 01 - 02Complete d. Names and addresses of persons through whom performed: Address - Same as #1 William Little, Philip Craft, Lizabeth Casale, Michele Bernier 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Employees of Blue Dot of Michigan 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 by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed:

Clarkston

President

(Feb. 1990)

Treasurer