## U.S. Department of \_\_bor



Office of Labor-Management Standards Enforcement Washington, D.C. 20216 (July 1977) 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 Form Approved—OMB No. 44-R1137

File No. C.

|                                                                            |                                                                                 | A.—PERSO                                                        | N FILING                                                                                                                                                                                       |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and mailing address (Ir                                            | clude ZIP code):                                                                |                                                                 | 2. Any other address where records necessary to verify this report are kept:                                                                                                                   |
| American Employe                                                           | e Education Co                                                                  | rporation                                                       |                                                                                                                                                                                                |
| P O Box 99618                                                              |                                                                                 | ,                                                               |                                                                                                                                                                                                |
| Troy, MI 48099-                                                            | 9618                                                                            |                                                                 |                                                                                                                                                                                                |
| 1                                                                          |                                                                                 |                                                                 |                                                                                                                                                                                                |
| 3. Date fiscal year ends:                                                  | 4. Type of perso                                                                | on:                                                             |                                                                                                                                                                                                |
| 2/28/02                                                                    | a. 🗌 INDIVI                                                                     | DUAL b. PARTI                                                   | NERSHIP c. XX CORPORATION d OTHER (Specify):                                                                                                                                                   |
|                                                                            | B.—N                                                                            | ATURE OF AGREEM                                                 | ENT OR ARRANGEMENT                                                                                                                                                                             |
| 5. Full name and address of employer with whom made (Include ZIP code):    |                                                                                 |                                                                 | 6. Date entered into:                                                                                                                                                                          |
| Flex-N-Gate Battle Creek Operations                                        |                                                                                 |                                                                 | July 19,2001                                                                                                                                                                                   |
| 10250 F Drive Nor                                                          |                                                                                 |                                                                 | 7. Names of persons through whom made:                                                                                                                                                         |
| Battle Creek, MI 49017                                                     |                                                                                 |                                                                 | - 10 10 10 10 10 10 10 10 10 10 10 10 10                                                                                                                                                       |
|                                                                            |                                                                                 |                                                                 | Tom Lynett                                                                                                                                                                                     |
| a. To persuade employees collectively through rep b. To supply an employer | to exercise or not to ex<br>resentatives of their ow<br>with information concer | xercise, or persuade<br>on choosing.<br>oning the activities of | undertaken, is directly or indirectly: employees as to the manner of exercising, the right to organize and bargair employees or a labor organization in connection with a labor dispute involv |
| ing such employer, exce<br>proceeding.                                     | pt information for use s                                                        | solely in conjunction                                           | with an administrative or arbitral proceeding or a criminal or civil judicial                                                                                                                  |
| 9. Terms and conditions (Explain                                           | in detail; see Part B-9                                                         | of instructions.):                                              |                                                                                                                                                                                                |
| Variable hourly                                                            | fee schedule                                                                    |                                                                 |                                                                                                                                                                                                |
|                                                                            |                                                                                 |                                                                 |                                                                                                                                                                                                |
|                                                                            |                                                                                 |                                                                 |                                                                                                                                                                                                |
|                                                                            |                                                                                 |                                                                 |                                                                                                                                                                                                |
|                                                                            |                                                                                 |                                                                 |                                                                                                                                                                                                |
|                                                                            | C.—                                                                             | SPECIFIC ACTIVITIE                                              | S TO BE PERFORMED                                                                                                                                                                              |
| 10. For each activity, separately                                          | list in detail the inform                                                       | ation required (See I                                           | Part C-10 of instructions.):                                                                                                                                                                   |
|                                                                            |                                                                                 |                                                                 |                                                                                                                                                                                                |
|                                                                            |                                                                                 | oyees and re                                                    | sponse to employee questions regarding                                                                                                                                                         |
| unio                                                                       | nization.                                                                       |                                                                 |                                                                                                                                                                                                |
|                                                                            |                                                                                 |                                                                 |                                                                                                                                                                                                |
|                                                                            |                                                                                 |                                                                 |                                                                                                                                                                                                |
| b. Period during which performed: c. Extent performed:                     |                                                                                 | c. Extent perform                                               | ned:                                                                                                                                                                                           |
| July 19 to Augus                                                           | 9 to August 27, 2001 Completed                                                  |                                                                 |                                                                                                                                                                                                |
| d. Names and addresses of                                                  |                                                                                 | performed:                                                      | 3 Reco                                                                                                                                                                                         |
| Tom Lynett, Plant Manager                                                  |                                                                                 |                                                                 | FBID                                                                                                                                                                                           |
| 10250 F Drive No<br>Battle Creek, MI                                       | rth<br>49017                                                                    |                                                                 | Q MS C                                                                                                                                                                                         |
| 11. Identify (a) Subject employees  a) Production an                       | s, groups of employees,                                                         | _                                                               | ations.                                                                                                                                                                                        |
| b) UAW                                                                     | a namedance                                                                     |                                                                 |                                                                                                                                                                                                |
| D.—VERIFICATION AND SIGNATI                                                | IRF. The person in its                                                          | m 1 above and each                                              | of his undersigned authorized officers declares, under penalty of law, that al                                                                                                                 |
| information in this report, including knowledge and belief, true, corre    | ng all attachments incom                                                        | rporated therein or re                                          | eferred to in this report, has been examined by him and is, to the best of his                                                                                                                 |
| SIGNED: Jennes a                                                           | 11000                                                                           | , PRESIDENT                                                     | SIGNED: TREASUREF                                                                                                                                                                              |
| at:                                                                        | on: // /2 9                                                                     | cross out and<br>write in correct                               | at: on: cross out and write in correct                                                                                                                                                         |
| City State                                                                 |                                                                                 | title above.)                                                   | City State Date write in correct title above.)                                                                                                                                                 |