## Agreement and Activities Report

## U.S. Department of Labor



Office of Labor-Managem. OMB No. 1214-0001 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. 12/31/86 Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. -0322Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing 1. Name and mailing address (include ZIP code): 2. Any other address where records necessary to verify this report are kept: Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 Suite F-110 Scottsdale, Arizona 85255 3. Date fiscal year ends: Type of person: c. A Corporation b. D Partnership d. 

Other (Specify): a. 

Individual 12-00 B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): Date entered into: 4-18-00 Waste Management, Inc. 7. Names of persons through whom made: 136 Bradley Road Woodbridge, CT 06525 Dwight Herring, District Manager 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. 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. Period during which performed: c. Extent performed: 4-00/5-00 4-00 d. Names and addresses of persons through whom performed: M. G. Gibbons (Address as in #1 above) P. A. List

a) Pre-petition - all employees, including drivers, mechanics & helpers

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

b) Pre-petition - Teamsters, Local 443

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: Chairman/CEO Secretary/ Treasurer President (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) Date State City State Date Scottsdale Arizona Arizona on: 4-21-00 Scottsdale on: 4-21-00

JSDOL/ESA

OLMS/DOE/SRD

## U.S. Department of Labor

Office of Labor-Managem. 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.

OMB No. 1214-0001 12/31/86

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).

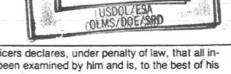
File No. C. -0322

A. Person Filing	
Name and mailing address (include ZIP code):	2. Any other address where records necessary to verify this report are kept:
Sunbelt Organization Services, Inc	
8711 East Pinnacle Peak Road, #287	
Suite F-110	
Scottsdale, Arizona 85255	
Date fiscal year ends:	X 0
12-00 a. 🗆 Individual b. 🗆 Pa	artnership c. 🖰 Corporation d. 🗆 Other (Specify):
B. Nature of Agreement or Arrangement	
5. Full name and address of employer with whom made (include ZIP co	de): 6. Date entered into: 4 - 17 - 00
Vogel Disposal Services, Inc.	
121 Brickyard Road	7. Names of persons through whom made:
Mars, PA 16046	Douglas Vogel, President
8. Check the appropriate box to indicate whether an object of the activi	
<ul> <li>a.</li></ul>	suade employees as to the manner of exercising, the right to organize and bargain
<ul> <li>To supply an employer with information concerning the activing such employer, except information for use solely in conjurceeding.</li> </ul>	ities of employees or a labor organization in connection with a labor dispute involv- nction with an administrative or arbitral proceeding or a criminal or civil judicial pro-
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):	
	r basis with no formal written agreements nours to be performed. Fee schedule based
C. Specific Activities to be Performed	
10. For each activity, separately list in detail the information required (S	See Part C-10 of instructions):
a. Nature of activity:	
Presented informational meetings to of unionization, the role of the N	company employees relative to the process LRB, and collective bargaining.
b. Period during which performed: c. Extent pe	erformed:
4-00/5-00	4-00
d. Names and addresses of persons through whom performed:	
M. G. Gibbons (Address as in #1 abo	ove)

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

a) Recycling drivers and helpers

b) Teamsters, Local 249



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	d. (m	Offic	hairman/CEO	Signed	: me	m.	Hecha	t	Sec	retary/ Treasurer
(If oth	er title, cross out and write	in correct title abov	e.)	(If othe	r title, cross	out and v	vrite in correct	title above.)		
	City	State	Date		City			State		Date
at:	Scottsdale	Arizona	on: 4-21-00	at:	Scot	tsda	le A	rizona	on:	4-21-00

# Agreement and Activities Report

JUN 8 2000

# U.S. Department of Labor

Office of Labor-Managem

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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

Sunbelt Organization Services, Inc.  8711 East Pinnacle Peak Road, #287 Suite F-110 Scottsdale, Arizona 85255  3. Date fiscal year ends:  12-00  8. Nature of Agreement or Arrangement  5. Full name and address of employer with whom made (include ZIP code):  Passavant Memorial Homes 610 Reno Street Rochester, PA 15074  8. Check the appropriate box to indicate whether an object of the activities undertaken, is a. To persuade employees to exercise or not to exercise, or persuade employees a collectively through representatives of their own choosing.  b. □ To supply an employer with information concerning the activities of employees or ing such employer, except information for use solely in conjunction with an admir ceeding.  9. Terms and conditions (Explain in detail; see Part B-9 of instructions):  Company was employed on a per hour basis wirelative to duration or amount of hours to be	as to the manner of exercising, the right to organize and bargain or a labor organization in connection with a labor dispute involv-
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C. Specific Activities to be Performed	and the grammatic ordinates a resource of the contract of party 1,181 february
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a. Nature of activity:	
Presented informational meetings to company of unionization, the role of the NLRB, and of	employees relative to the process collective bargaining.
b. Period during which performed: c. Extent performed:	0
5-00/6-00	5-00
d. Names and addresses of persons through whom performed:	[N] -
M. G. Gibbons, P. A. List, & G. Ransom (Add	resses as in #1 above) 🔠 🧸
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	<u>Fr</u>
14 Identify (a) Cubinet amplement are affected upon and (b) labor agentinations.	
<ol> <li>Identify (a) Subject employees, groups of employees, and (b) labor organizations:</li> <li>All FT/reg.PT job support/life skills support</li> </ol>	

		ort, including all attachment of, true, correct, and complet		eferred to in this rep	oort, has b	een examined by him and	is, to the best of his
Signed:	n	· Under	Chairman/CEO		m.	Herhert	Secretary/ Treasurer
(If other title, cross out and write in correct title above.)				(If other title, cross out and write in correct title above.)			

City State Date City State Date

at: Scottsdale Arizona on: 5-26-00 at: Scottsdale Arizona on: 5-26-00