U.S. Department of Labor

Office of Labor-Managem. candard



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,

File No. C. -0322

Under Section 203(b) of the Labor-Management Reporting a	and Disclosure Act	of 1959, as a	mended (LMRDA	۱).	ile No. C.	-0322	2
A. Person Filing							
Name and mailing address (include ZIP code):		2. Any othe	er address where	records nec	essary to verif	y this report ar	re kept:
Sunbelt Organization Servic 8711 East Pinnacle Peak Roa Suite F-110 Scottsdale, Arizona 85255							
Date fiscal year ends: 4. Type of person:							
a □ Individua	b. 🗆 Partr	nership c	. A Corporation	on d. \square	Other (Spec	elfy):	
12-00						•	
B. Nature of Agreement or Arrangement	inalista 7ID anda)		6. Date entered	d into:			
5. Full name and address of employer with whom made (include ZIP code).			12-22-	00		
United Sleep Products			7. Names of pe	mone through	ah whom mad	2.	
11 Industrial Circle				The second second second		s.	
Leola, PA 17603	-1 -11 11 111 -			Carbon	1		
8. Check the appropriate box to indicate whether an obje							
 a. A To persuade employees to exercise or not to exercise	xercise, or persua n choosing.	de employees	as to the manne	er of exercisi	ng, the right to	organize and	bargain
 To supply an employer with information concer ing such employer, except information for use s ceeding. 	ning the activities						
9. Terms and conditions (Explain in detail; see Part B-9 or	finstructions):						
The state of the s							
Company was employed on a prelative to duration or amount on a per hour rate. C. Specific Activities to be Performed	int of ho	urs to	be perfo	rmed.	Fee sc	hedule	based
For each activity, separately list in detail the informat	tion required (See	Part C-10 of in	netructions):				
Nature of activity: a. Nature of activity:	non required (occ	ran o-room	istructions).				
•			7	-			
Presented informational meet of unionization, the role of	f the NLR	company B, and	collecti	ive ba	ative to rgainin	o the pr g.	cocess
b. Period during which performed:	c. Extent perfor	med:					
12-00/1-01				10 00	IN E G	EIV	[5] [n]
				12-00			
d. Names and addresses of persons through whom p	performed:				INI IN	N 1 0 200	1 1101
P. A. List & M. G. Gibbons	(Address	as in	#1 above))	LILI OII		
11. Identify (a) Subject employees, groups of employees,	, and (b) labor orga	anizations:		-		USDOL/ESA LMS/DUE/SRD	
a) All FT employees including	ng omplos		oleina in		1-7		
pack, wrap, tufting, ship	nping and	maint	enance	assem	bry, se	wing, v	rac-
b) United Food and commercia	al Worker	s, Loca	al 1776				
							A - W !-
D. Verification and Signature. The person in item 1 at formation in this report, including all attachments incorp knowledge and belief, true, correct, and complete.							
Signed: Cha:	irman/CEO	Signed:	1-	1.		Coana	t 22011
L'IL WATU	President	M	me M.	140	iert	Secre	Treasurer
(If other title, cross out and write in correct title above.)	Data	(If other title,	cross out and w	rite in correc			-1-
City State	Date	at:	City	1	State	on:	ate

U.S. Department of Labor

Office of Labor-Managemer.



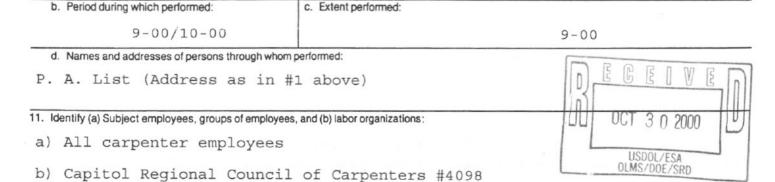
This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001

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

Under Section 203(b) of the Labor-Ma	anagement Reporting and Disclosure	Act of 1959, as	amended (LMRDA).	FIIO NO. C.	-0322
A. Person Filing		f			
1. Name and mailing address (inclu	de ZIP code):	2. Any oth	er address where records	necessary to verify the	nis report are kept:
8711 East Pinnacl Suite F-110	ion Services, Inc e Peak Road, #287		OCT 17 '00		
Scottsdale, Arizo	na 85255		O P.R.		
Date fiscal year ends:	Type of person:		Strait Strait		
12-00	a. 🗆 Individual b. 🗆 Pa	artnership	c. Karporation d	d. Other (Specify):
B. Nature of Agreement or Arran	gement				
5. Full name and address of employ Build All Constru		de):	6. Date entered into: 9 - 26	5-00	
757 Lincoln Boule			7. Names of persons the	hrough whom made:	
Middlesex, NJ 088	46		David Ula	assin, Vice	President
collectively through repreb. To supply an employer with	o exercise or not to exercise, or personantives of their own choosing. th information concerning the activit information for use solely in conjunction	suade employee	es as to the manner of exe es or a labor organization i	in connection with a la	abor dispute involv-
9. Terms and conditions (Explain in Company was emplorelative to durat on a per hour rat	yed on a per hour ion or amount of h	basis lours to	with no form be performed	al written d. Fee sch	agreement edule base
C. Specific Activities to be Perfo					
10. For each activity, separately list	in detail the information required (S	ee Part C-10 of	instructions):		
 a. Nature of activity: 					
Presented information,	tional meetings to the role of the N	company LRB, and	employees r collective	elative to bargaining	the proces



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all intermation 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	ø:)C. (X	with the	airman/CEO President	Signed:	m. Her	hest	Secretary/
(If oth	er title, cross out and write	e in correct title above.)	363636363	(If other title, cross out a	nd write in correct t	itle above.)	
	City	State	Date	City		State	Date
at:	Scottsdale	Arizona	on: 10-06-00	at: Scotts	dale A	rizona	on: 10-6-00

U.S. Department Labor

Office of Labor-Managemen Landards



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

Under Section 203(b) of the Labor-Management Reporting and Di	sciosure Act of 1959, as al	nended (LMHDA).		-0322	
A. Person Filing					
Name and mailing address (include ZIP code): Sunbelt Organization Services, 8711 East Pinnacle Peak Road, Suite F-110 Scottsdale, Arizona 85255	Inc.	address where records n	ecessary to ver	ify this report are ke	ept:
Date fiscal year ends:	o. □ Partnership c.	Corporation d.	☐ Other (Spe	ecify):	
12-00		· · · · · · · · · · · · · · · · · · ·			*
B. Nature of Agreement or Arrangement	a 7ID anda):	Date entered into:			
Full name and address of employer with whom made (include)	3 ZIP Code).	12-14	1-00		
Delcard Associates, Inc.		- 11			
19 Germay Drive		7. Names of persons thro	-		
Wilmington, DE 19804		Richard Tr	reml, Pr	esident	
3. Check the appropriate box to indicate whether an object of the					
 To persuade employees to exercise or not to exercise collectively through representatives of their own chooses 	e, or persuade employees osing.	as to the manner of exerc	ising, the right t	to organize and bar	rgain
 To supply an employer with information concerning the ing such employer, except information for use solely inceeding. 	ne activities of employees n conjunction with an adm	or a labor organization in inistrative or arbitral proc	connection with eeding or a crim	n a labor dispute inv ninal or civil judicial	volv- pro-
Company was employed on a per relative to duration or amount on a per hour rate.	of hours to	ce performed	. Fee s	en agreem chedule b	ased
C. Specific Activities to be Performed					
0. For each activity, separately list in detail the information red	quired (See Part C-10 of in:	structions):			
a. Nature of activity:					
Presented informational meeting of unionization, the role of the	s to company he NLRB, and	employees re collective b	lative t argaini	o the pro	cess
b. Period during which performed: c. E	xtent performed:			n B B B	N W
12-00/12-00			12-00	3	UU
d. Names and addresses of persons through whom perform	ned:		1	JAN I	7 2001
P. A. List (Address as in #1 al	oove)		-	USDOL	/ESA
Identify (a) Subject employees, groups of employees, and (I	b) labor organizations:			OLMS/DO	E/SRD
 a) All regular FT sheet metal was apprentices, laborers and was b) Sheet Metal Workers', Local 	workers inclu elders	ding mechani	.cs, ske	tchers,	

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	.)	6/		nt	1-	Chairm	an/CEC	Signed:	anne	h.	Iderhe	it	Secr	etary/ 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	e D	ate		City			State	D	ate
at:	Scott	sdale	e	Ariz	zon	a on:	1-4-01	at:	Scott	sdale	e Ar	izona	on:	1-4-01