

## Agreement and Activities Rep..

## U.S. Department of Labor

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.

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. 527

## A. Person Filing

1. Name and mailing address (Include ZIP code): Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660	2. Any other address where records necessary to verify this report are kept: NONE
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3. Date fiscal year ends: 12-31-01	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):
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5. Full name and address of employer with whom made (Include ZIP code): Pelican Hill Golf Club 6195 E. Pacific Coast Hwy Newport Coast, CA 92657	6. Date entered into: October 8, 2001
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7. Names of persons through whom made: Bobby Heath, Director of Golf
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
a. <input 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):
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All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

## 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: Labor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.	
b. Period during which performed: Pending of NLRB petition	c. Extent performed: None as of this date
d. Names and addresses of persons through whom performed: Ed Villanueva (same as A1) Delfino Cacho (same as A1) Rita Aquilar (same as A1)	

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:
(a) All full-time and regular part-time employees. (b) Laborers International Union

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:  (If other title, cross out and write in correct title above.)	Signed:  (If other title, cross out and write in correct title above.)
President City: Newport Beach State: CA Date: Oct 10/9/01	Treasurer City: Newport Beach State: CA Date: 10/19/2001

## Agreement and Activities Report

## U.S. Department of Labor

Office of Labor-Management Standards



\*ADDENDUM TO 8A\*

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. 527

## A. Person Filing

1. Name and mailing address (Include ZIP code):  Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660	2. Any other address where records necessary to verify this report are kept:  NONE
---	--

3. Date fiscal year ends:  12/31/01	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):
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## B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (Include ZIP code):  Pelican Hill Golf Club 6195 E. Pacific Coast Hwy. Newport Coast, CA 92657	6. Date entered into:  October 8, 2001
--	--

7. Names of persons through whom made:  
Bobby Heath,  
Director of Golf

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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

## 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:  Labor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.	
b. Period during which performed:  Pending of NLRB petition	c. Extent performed:  None as of this date
d. Names and addresses of persons through whom performed:  Ed Villanueva (same as Al) Delfino Cacho (same as Al) Rita Aguilar (same as Al)	



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

- (a) All full-time and regular part-time employees.  
(b) Laborers International Union

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:  	President	Signed:  	Treasurer
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)	
City at: Newport Beach	State CA	Date on: 12/13/01	Date at: Newport Beach

## Agreement and Activities Report

## U.S. Department of Labor

Office of Labor-Management Standards



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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. 627

## A. Person Filing

1. Name and mailing address (include ZIP code): Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660	2. Any other address where records necessary to verify this report are kept: NONE
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3. Date fiscal year ends: 12-31-01	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):
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## B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): The People's Clinic 3303 No. Broadway Boulder, CO 80304	6. Date entered into: October 5, 2001
	7. Names of persons through whom made: Sherry Wasseman, Executive Director

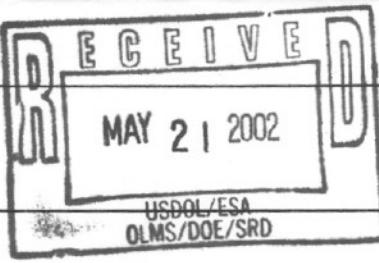
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
a. <input type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through 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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

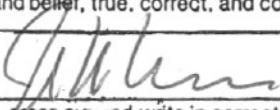
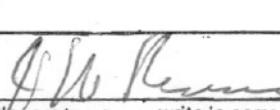
## C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):
a. Nature of activity: Labor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.

b. Period during which performed: Pending of NLRB petition	c. Extent performed: None as of this date
d. Names and addresses of persons through whom performed: Michael Penn (same as A1)	

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:
(a) All full-time and regular part-time employees. (b) SEIU (Service Employees International Union)

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:  (If other title, cross out and write in correct title above.)	Signed:  (If other title, cross out and write in correct title above.)
President City at: Newport Beach State CA Date 10/24/01	Treasurer City at: Newport Beach State CA Date 10/24/01

## Agreement and Activities Report

## U.S. Department of Labor

Office of Labor-Management Standards



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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. 527
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## A. Person Filing

1. Name and mailing address (include ZIP code):  Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660	2. Any other address where records necessary to verify this report are kept:  NONE
3. Date fiscal year ends:  12/31/01	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):  Colony Liquor & Wines Distributors, LLC 132 Flatbush Ave. Kingston, NY 12401	6. Date entered into:  9/18/01
	7. Names of persons through whom made:  J. Andretta Jr.

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.

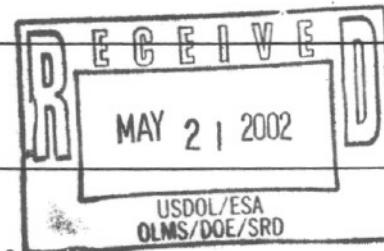
## 9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

## 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:  Labor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.	b. Period during which performed:  Pending of NLRB petition	c. Extent performed:  None as of this date
d. Names and addresses of persons through whom performed:  Steve Beyer (same as A1)		



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

- (a) All full-time and regular part-time employees.
- (b) United Food & Commercial Workers (UFCW) Local 20

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>	President	Signed:  <i>[Signature]</i>	Treasurer
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)	
City at: Newport Beach	State CA	Date 9/21/01	City Newport Beach
			State CA
			Date

## Agreement and Activities Report

## U.S. Department of Labor

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.

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. 5327

**A. Person Filing**

1. Name and mailing address (Include ZIP code):  Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660	2. Any other address where records necessary to verify this report are kept:  NONE
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3. Date fiscal year ends:  12-31-01	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):
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**B. Nature of Agreement or Arrangement**

5. Full name and address of employer with whom made (Include ZIP code):  Volunteers of America 3600 Wilshire Blvd. Los Angeles, CA 90010	6. Date entered into:  September 28, 2001
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7. Names of persons through whom made:  
Susan A. Loveire,  
H.R. Director

8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
a. <input 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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

**C. Specific Activities to be Performed**

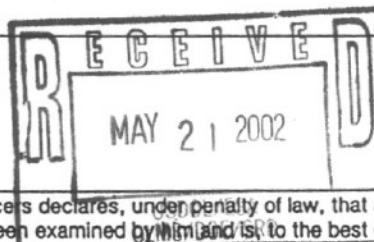
## 10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity: Labor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.
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b. Period during which performed:  Pendingy of NLRB petition	c. Extent performed:  None as of this date
d. Names and addresses of persons through whom performed:  Ed Villanueva (same as 1A) Steve Beyer (same as 1A) Michael Penn (same as 1A) Rita Aguilar (same as 1A)	

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

- (a) All full-time and regular part-time employees.
- (b) Service Employees International Union



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:

President

Signed:

Treasurer

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

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

City at: Newport Beach	State CA	Date Mar 10/8/01	City at: Newport Beach	State CA	Date Mar 14/26/01
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## Agreement and Activities Report

## U.S. Department of Labor

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.

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. <i>527</i>
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## A. Person Filing

1. Name and mailing address (Include ZIP code):  Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660	2. Any other address where records necessary to verify this report are kept:  NONE
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3. Date fiscal year ends:  <i>12-31-01</i>	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):
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5. Full name and address of employer with whom made (Include ZIP code):  Allied Waste - West Region 7201 E. Camelback Road, Suite 375 Scottsdale, AZ 85251	6. Date entered into:  <i>September 24, 2001</i>
	7. Names of persons through whom made:  <i>Terry Terrell, Regional H.R. Manager</i>

8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:  a. <input 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):
--

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

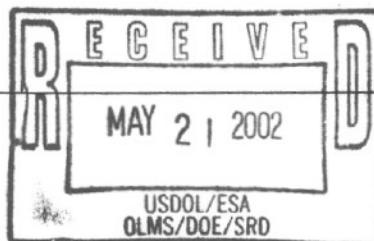
## C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):  a. Nature of activity: Labor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.
--

b. Period during which performed:  Pendency of NLRB petition	c. Extent performed:  None as of this date
--	--

d. Names and addresses of persons through whom performed:  Ed Villanueva (same as 1A) Delia Vital (same as 1A)
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11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:  (a) All full-time and regular part-time employees. (b) Operating Engineers
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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: *J. Villanueva*      Signed: *J. Villanueva*      President      Treasurer

(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)	
City at: Newport Beach	State CA	Date 10/8/01	City at: Newport Beach
State CA	Date 10/15/2001		

## Agreement and Activities Report

## U.S. Department of Labor

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.

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. 527
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**A. Person Filing**

1. Name and mailing address (include ZIP code):  Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660	2. Any other address where records necessary to verify this report are kept:  NONE
---	--

3. Date fiscal year ends:  December 31, 2001	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):
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**B. Nature of Agreement or Arrangement**

5. Full name and address of employer with whom made (include ZIP code):  NETVERSANT 1640 N. Batavia Orange, CA 92867	6. Date entered into:  8/23/01
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7. Names of persons through whom made:  
  
Corey Silverberg

8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:  a. <input 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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

**C. Specific Activities to be Performed**

## 10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

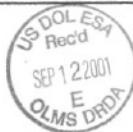
a. Nature of activity:  Labor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.
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b. Period during which performed:  Pendency of NLRB petition	c. Extent performed:  None as of this date
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d. Names and addresses of persons through whom performed:  Claire McChristy (same as section A1)
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## 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

- (a) All full-time and regular part-time employees.
- (b) IBEW



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:  	
President	Treasurer	
(If other title, cross out and write in correct title above.)		
City at: Newport Beach	State CA	Date 9/21/2001
City at: Newport Beach		State CA
		Date 9/21/2001

Agreement and Activities

City

at: Newport Beach

State

CA

Date

on: 9/21/2001

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

City

at: Newport Beach

State

CA

Date

9/21/2001

Form 1 M.20 (Feb. 1986)

## Agreement and Activities Report

## U.S. Department of Labor

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.

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. 521

## A. Person Filing

1. Name and mailing address (include ZIP code): Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660	2. Any other address where records necessary to verify this report are kept: NONE
3. Date fiscal year ends: 12/31/01	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): Magnetic Metals 2475 W. LaPalma Anaheim, CA 92801	6. Date entered into: June 6, 2001
	7. Names of persons through whom made: John E. Weidhaas

## 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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

## C. Specific Activities to be Performed

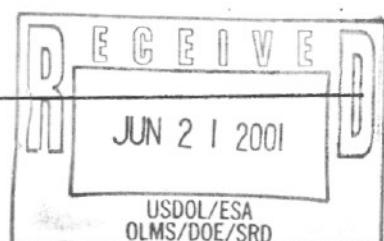
## 10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

- a. Nature of activity: Labor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.

b. Period during which performed: Pending of NLRB petition	c. Extent performed: None as of this date
d. Names and addresses of persons through whom performed: Ed Villanueva      Address same as #1. Steve Beyer      Address same as #1. Ricardo Pasalagua      Address same as #1.	

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

- (a) All full-time and regular part-time employees.
- (b) United Industrial Workers



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:  John M. Hermann	President	Signed:  John M. Hermann	Treasurer
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)	
City at: Newport Beach	State CA	Date 6/6/01	City Newport Beach
State CA	Date 6/5/2001		

## Agreement and Activities Report

## U.S. Department of Labor

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.

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. 527
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**A. Person Filing**

1. Name and mailing address (Include ZIP code):  Labor Relations Services, Inc. 24 Corporate Plaza, Ste. #100 Newport Beach, CA 92660	2. Any other address where records necessary to verify this report are kept:  NONE
3. Date fiscal year ends:	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):  Service Craft 5650 Dolly Ave. Buena Park, CA 90621	6. Date entered into:  April 16, 2001
	7. Names of persons through whom made:  Jeffery Miller, Pres.&CEO

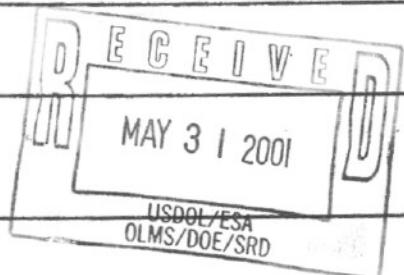
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
- a.  To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives 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):

All services described in Section C10 (a) below shall be performed on an hourly fee basis at a rate of \$195 hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

**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:  Labor Relations Services, Inc. has been retained to assist the employer named above in communicating with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communicating in writing during the period immediately prior to the conduct of a representation election.
b. Period during which performed:  Pending of NLRB petition	c. Extent performed:  None as of this date
d. Names and addresses of persons through whom performed:  Steve Beyer (Same as 1)	



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

- (a) All full-time and regular part-time employees.
- (b)

**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:  	Treasurer
President		
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)
City at: Newport Beach	State CA	Date 5/21/01