

9. 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.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Hourly rate plus expenses

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Held employee meetings to inform employees of the section 7 rights and answer questions using NLRB Documents.

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| <p>11.b. Period during which performed:</p> <p>ongoing</p> | <p>11.c. Extent performed:</p> |
| <p>11.d. Name and address through whom performed:</p> <p>Name Daniel Block</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 14314 Elinor Ct.</p> <p>City cypress</p> <p>State Texas ZIP Code + 4 77429</p> | <p>Additional Name and address through whom performed, if any:</p> <p>Name Bill Michaelis</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6930 Parsons Trail</p> <p>City Tujunga</p> <p>State California ZIP Code + 4 91042</p> |

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| <p>12.a. Identify subject groups of employees:</p> <p>Drivers and dock workers</p> | <p>12.b. Identify subject labor organizations:</p> <p>Teamsters</p> |
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Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

| | |
|--|---|
| 11.b. Period during which performed: | 11.c. Extent performed: |
| 11.d. Name and address through whom performed: Name Javier Weitzman Organization Cruz & Associates P.O. Box, Bldg., Room No., if any 1831 Street City upland State California ZIP Code + 4 91785 | Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 |

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| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: |
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