

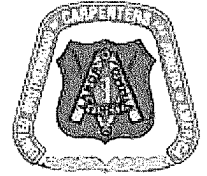


MICHIGAN REGIONAL COUNCIL OF CARPENTERS

2310 W. Washtenaw • Lansing • Michigan 48917

Phone 1-877-974-2538

Fax (517) 484-6303



07-13-10

VIA Certified Mail – #7009 2250 0003 3114 6306

Ritsema and Associates
3000 Dormax
Grandville, MI 49418

Dear Sirs,

We have investigated the wages and benefits, which your employees receive. Based on our investigation, we have concluded the wages and fringe benefits paid to your employees performing the following type(s) of work, Carpentry and Construction Labor, is less than the established area standard. Your substandard wages and fringe benefits to employees performing the aforementioned type of work is undermining the fair construction wage and benefits standards established by the Michigan Regional Council of Carpenters and reducing the employment opportunities of these individuals who receive a fair construction wage and benefits for similar work performed.

This letter, nor any of our publicity activities is intended to be, or should be construed as a request that your company enter into a collective bargaining agreement, or that you employ or refuse to employ any individual or group of individuals. Nor do we intend to interfere with the rights of your employees to work without becoming members of the Union.

If you believe the current wage and fringe benefits paid to your employees performing Carpentry and Construction Laborers meets or exceeds the area standards established, please respond to the questionnaire, which is attached to this letter.

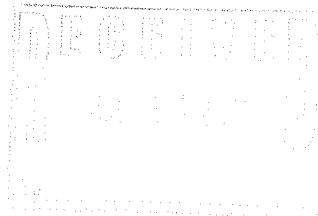
Indicate the current wages and fringe benefits paid to the employees performing this type of work.

In the event that your company increases its wages and/or fringe benefits in the future, please advise us immediately so we can review this information and determine whether your company is still paying substandard wages and fringe benefits. By seeking the requested information, the Union is not asking or demanding that you comply with or meet the terms of its collective bargaining agreement. We are only wishing to ascertain whether your total labor costs meet the area standards.

Please provide the requested information within seven (7) days of the date you receive this letter. In the event that you do not provide the requested information within that time, we will assume that our information is current and that you are, in fact, paying substandard wages and benefits.

Sincerely,

Tyler McCastle
Representative



Name of Employer

Please respond to the following questions for your employees performing the following type(s) of work _____

by indicating the current wages and benefits paid:

Private Sector Construction Projects:

Foreman –

Hourly Wage \$ _____ or Monthly Salary \$ _____
Employer Paid Health Insurance benefits \$ _____ per hour or
\$ _____ per month
Employer Paid Pension contributions \$ _____ per hour or
\$ _____ per month
Employer Paid Apprenticeship/Training benefits \$ _____ per
Hour or \$ _____ per month
Paid Vacation _____ days per year
Paid Holidays _____ days per year
Other fringe benefits (describe benefit and cost) _____

Journeyman –

Hourly Wage \$ _____ or Monthly Salary \$ _____
Employer Paid Health Insurance benefits \$ _____ per hour or
\$ _____ per month.
Employer Paid Pension contributions \$ _____ per hour or
\$ _____ per month
Employer Paid Apprenticeship/Training benefits \$ _____ per
Hour or \$ _____ per month
Paid Vacation _____ days per year
Paid Holidays _____ days per year
Other fringe benefits (describe benefit and cost) _____

First Year Apprentice -

Hourly Wage \$ _____ or Monthly Salary \$ _____
Employer Paid Health Insurance benefits \$ _____ per hour or
\$ _____ per month.
Employer Paid Pension contributions \$ _____ per hour or
\$ _____ per month.
Employer Paid Apprenticeship/Training benefits \$ _____ per
Hour or \$ _____ per month
Paid Vacation _____ days per year
Paid Holidays _____ days per year
Other fringe benefits: (describe benefit and cost) _____

Second Year Apprentice –

Hourly Wage \$ _____ or Monthly Salary \$ _____
Employer Paid Health Insurance benefits \$ _____ per hour or
\$ _____ per month.
Employer Paid Pension contributions \$ _____ per hour or
\$ _____ per month
Employer Paid Apprenticeship/Training benefits \$ _____ per
Hour or \$ _____ per month
Paid Vacation _____ days per year
Paid Holidays _____ days per year
Other fringe benefits (describe benefit and cost) _____
_____.

Third Year Apprentice -

Hourly Wage \$ _____ or Monthly Salary \$ _____
Employer Paid Health Insurance benefits \$ _____ per hour or
\$ _____ per month.
Employer Paid Pension contributions \$ _____ per hour or
\$ _____ per month
Employer Paid Apprenticeship/Training benefits \$ _____ per
Hour or \$ _____ per month
Paid Vacation _____ days per year
Paid Holidays _____ days per year
Other fringe benefits (describe benefit and cost) _____
_____.

Fourth Year Apprentice -

Hourly Wage \$ _____ or Monthly Salary \$ _____
Employer Paid Health Insurance benefits \$ _____ per hour or
\$ _____ per month.
Employer Paid Pension contributions \$ _____ per hour or
\$ _____ per month
Employer Paid Apprenticeship/Training benefits \$ _____ per
Hour or \$ _____ per month
Paid Vacation _____ days per year
Paid Holidays _____ days per year
Other fringe benefits (describe benefit and cost) _____
_____.

Public Sector Construction Projects:

Foreman -

Hourly Wage \$ _____ or Monthly Salary \$ _____
Employer Paid Health Insurance benefits \$ _____ per hour or
\$ _____ per month.
Employer Paid Pension contributions \$ _____ per hour or

\$ _____ per month
Employer Paid Apprenticeship/Training benefits \$ _____ per
Hour or \$ _____ per month
Paid Vacation _____ days per year
Paid Holidays _____ days per year
Other fringe benefits (describe benefit and cost) _____
_____.

Journeyman -

Hourly Wage \$ _____ or Monthly Salary \$ _____
Employer Paid Health Insurance benefits \$ _____ per hour or
\$ _____ per month.
Employer Paid Pension contributions \$ _____ per hour or
\$ _____ per month
Employer Paid Apprenticeship/Training benefits \$ _____ per
Hour or \$ _____ per month
Paid Vacation _____ days per year
Paid Holidays _____ days per year
Other fringe benefits (describe benefit and cost) _____
_____.

First Year Apprentice -

Hourly Wage \$ _____ or Monthly Salary \$ _____
Employer Paid Health Insurance benefits \$ _____ per hour or
\$ _____ per month.
Employer Paid Pension contributions \$ _____ per hour or
\$ _____ per month
Employer Paid Apprenticeship/Training benefits \$ _____ per
Hour or \$ _____ per month
Paid Vacation _____ days per year
Paid Holidays _____ days per year
Other fringe benefits (describe benefit and cost) _____
_____.

Second Year Apprentice -

Hourly Wage \$ _____ or Monthly Salary \$ _____
Employer Paid Health Insurance benefits \$ _____ per hour or
\$ _____ per month.
Employer Paid Pension contributions \$ _____ per hour or
\$ _____ per month
Employer Paid Apprenticeship/Training benefits \$ _____ per
Hour or \$ _____ per month
Paid Vacation _____ days per year
Paid Holidays _____ days per year
Other fringe benefits (describe benefit and cost) _____
_____.

Third Year Apprentice -

Hourly Wage \$ _____ or Monthly Salary \$ _____
Employer Paid Health Insurance benefits \$ _____ per hour or
\$ _____ per month.

Employer Paid Pension contributions \$ _____ per hour or
\$ _____ per month
Employer Paid Apprenticeship/Training benefits \$ _____ per
Hour or \$ _____ per month

Paid Vacation _____ days per year
Paid Holidays _____ days per year
Other fringe benefits (describe benefit and cost) _____
_____.

Fourth Year Apprentice -

Hourly Wage \$ _____ or Monthly Salary \$ _____
Employer Paid Health Insurance benefits \$ _____ per hour or
\$ _____ per month.
Employer Paid Pension contributions \$ _____ per hour or
\$ _____ per month
Employer Paid Apprenticeship/Training benefits \$ _____ per
Hour or \$ _____ per month
Paid Vacation _____ days per year
Paid Holidays _____ days per year
Other fringe benefits (describe benefit and cost) _____
_____.

I certify the information set forth above is true and accurate.

Signature

Please Print

Title