

EMPLOYER'S REMITTANCE FORM

LOCAL 705 I.B. OF T. PENSION AND HEALTH AND WELFARE FUNDS
1645 WEST JACKSON BLVD. CHICAGO, IL 60612-3227
(312) 738-2811

TEL. NO. 216-881-5052

ACCT. NO. 375

INDUSTRIAL TRANSPORT INC
2330 E 79TH ST
CLEVELAND OH 44104-2161

TOTAL EMPLOYEES
7

COLLECTIONS AND CONTRIBUTIONS FOR
3/2008

RATES PER AMOUNT
H & W PEN
164.000 165.000

w/e

3/2 3/9 3/16 3/23 3/30

	SOCIAL SECURITY NUMBER	MEMBER	DAYS WORKED IN PERIOD BY WEEK					TOTAL DAYS		CODE	REMARKS
			1ST	2ND	3RD	4TH	5TH				
1	-2843	HICKMAN CLYDE	✓	✓	✓	✓	1	25	21	F	
2	-4652	HOOPER SR BARRON	✓	L	✓	✓	1	25	16	F	

Work Codes

- N = New
- R = Return
- T = Terminated (Reason/Date)
- P = Pension/Retirement
- S = Sick
- O = Occupational Injury
- D = Total Disability
- C = Casual
- L = Layoff
- E = Death
- F = Full Time

TOTAL DAYS REPORTED 50

Duplicate copy, company to retain this copy

HEALTH AND WELFARE FUND	DAILY RATE <u>32.800</u>	X	TOTAL DAYS REPORTED <u>50</u>	=	<u>1640.00</u>	(+/-)	ADJUSTMENT	=	<u>1213.60</u>	CHECK #
PENSION FUND	DAILY RATE <u>33.000</u>	X	TOTAL DAYS REPORTED <u>50</u>	=	<u>1650.00</u>	(+/-)	ADJUSTMENT	=	<u>1,226.00</u>	CHECK #

This employer, through its authorized representative for the purposes of submitting same and whose signature appears below, hereby certifies to the Trustees of the Welfare and Pension Funds, that each and every person whose name is set forth above and for whom contributions are being made is an employee of the Employer and covered by a written collective bargaining agreement between the Employer and Local Union, for the period of time for which the contributions are being made. The employees listed above are the only employees for whom the Employer is required to make contribution to the fund(s)

Authorized Signature _____ Date 4/10/08

EMPLOYER'S REMITTANCE FORM

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1645 WEST JACKSON BLVD. CHICAGO, IL 60612-3227
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INDUSTRIAL TRANSPORT INC
2330 E 79TH ST
CLEVELAND OH 44104-2161

TOTAL
EMPLOYEES
7

COLLECTIONS AND
CONTRIBUTIONS FOR
4/2008
RATES
PER AMOUNT
H & W PEN
164.000 165.000

	SOCIAL SECURITY NUMBER	MEMBER	DAYS WORKED IN PERIOD BY WEEK					TOTAL DAYS		CODE	REMARKS
			1ST	2ND	3RD	4TH	5TH				
1	-2643	HICKMAN CLYDE	✓	✓	✓	✓		20		F	
2	1-4652	HOOPER SR BARRON	—	✓	✓	✓		20 15		F	
			w/2	w/2	w/2	w/2					
			4/6	4/13	4/20	4/27					

Work Codes

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- S = Sick
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- D = Total Disability
- C = Casual
- L = Layoff
- E = Death
- F = Full Time

TOTAL DAYS REPORTED

HEALTH AND WELFARE FUND		35	40	Duplicate copy, company to retain this copy	
32.000	X	40	=	1312.00	(+/-)
DAILY RATE		TOTAL DAYS REPORTED		TOTAL	ADJUSTMENT
					= \$ 1,148.00
PENSION FUND		35			
33.000	X	40	=	1320.00	(+/-)
DAILY RATE		TOTAL DAYS REPORTED		TOTAL	ADJUSTMENT
					= \$ 1,155.00
					FAY TOTAL TO LOCAL 705 H & W FUND
					FAY TOTAL TO LOCAL 705 PENSION FUND

This employer, through its authorized representative for the purposes of submitting name and whose signature appears below, hereby certifies to the Trustees of the Welfare and Pension Funds, that each and every person whose name is set forth above and for whom contributions are being made is an employee of the Employer and covered by a written collective bargaining agreement between the Employer and Local Union, for the period of time for which the contributions are being made. The employees listed above are the only employees for whom the Employer is required to make contribution to the Fund(s)

Authorized Signature

5/10/08
Date

EMPLOYER'S REMITTANCE FORM

LOCAL 705 I.B. OF T. PENSION AND HEALTH AND WELFARE FUNDS
1645 WEST JACKSON BLVD. CHICAGO, IL 60612-3227
(312) 738-2811

TEL. NO. 218-881-5052

ACCT. NO. 375

INDUSTRIAL TRANSPORT INC
2330 E 79TH ST
CLEVELAND OH 44104-2161

TOTAL EMPLOYEES
7

COLLECTIONS AND CONTRIBUTIONS FOR
5/2008
RATES PER AMOUNT
R & W 164.000
PEN 165.000

WE
5/4 5/11 5/18 5/25

	SOCIAL SECURITY NUMBER	MEMBER	DAYS WORKED IN PERIOD BY WEEK					TOTAL DAYS		CODE	REMARKS
			1ST	2ND	3RD	4TH	5TH				
1	-2843	HICKMAN CLYDE	5	5	5	5		25 20		F	
2	-4852	HOOPER SR BARRON	0	5	5	5		25 15		F	

Work Codes

- N = New
- R = Return
- T = Terminated (Reason/Date)
- P = Pension/Retirement
- S = Sick
- O = Occupational Injury
- D = Total Disability
- C = Casual
- L = Layoff
- E = Death
- F = Full Time

HEALTH AND WELFARE FUND

TOTAL DAYS REPORTED: 50 Duplicate copy, company to retain this copy

$\frac{32.800}{\text{DAILY RATE}} \times \frac{50}{\text{TOTAL DAYS REPORTED}} = \frac{1640.00}{\text{TOTAL}} (+) \text{ ADJUSTMENT} = \frac{81,148.00}{\text{PAY TOTAL TO LOCAL 705 IRT \& W FUND}}$ CHECK 6

PENSION FUND

$\frac{33.000}{\text{DAILY RATE}} \times \frac{50}{\text{TOTAL DAYS REPORTED}} = \frac{1650.00}{\text{TOTAL}} (+) \text{ ADJUSTMENT} = \frac{81,155.00}{\text{PAY TOTAL TO LOCAL 705 IRT PENSION FUND}}$ CHECK 6

This employer, through its authorized representative for the purposes of submitting same and whose signature appears below, hereby certifies to the Trustees of the Welfare and Pension Funds, that each and every person whose name is set forth above and for whom contributions are being made is an employee of the Employer and covered by a written collective bargaining agreement between the Employer and Local Union, for the period of time for which the contributions are being made. The employees listed above are the only employees for whom the Employer is required to make contribution to the Fund(s)

Authorized Signature 6/25/08
Date

EMPLOYER'S REMITTANCE FORM
LOCAL 709 I.B. OF T. HEALTH & WELFARE AND PENSION FUNDS
 1444 WEST JACKSON BLVD - CHICAGO, ILLINOIS 60613-0227
 TELEPHONE 312/739-2711

PRINTED: 6/24/2008

TEL NO 312-881-5052 ACCT. NO. 375

INDUSTRIAL TRANSPORT INC
 2310 EAST 79TH STREET
 CLEVELAND OH 44104

TOTAL EMPLOYEES: 7 COLLECTIONS AND CONTRIBUTIONS FOR: 6/2008
 RATES PER AMOUNT: H & W 164.000 PEN 163.000

LOCAL 709 I.B. OF T. CODE	EMPLOYEE NAME	DAYS REPORTED IN MONTH				TOTAL DAYS	CODE	REMARKS
		1	2	3	4			
-0004	HANKTON MARK						C	
-3100	HOELL GREGORY J						C	
-7237	WALKER SYLVIA						C	
-9106	WILSON NICOLE E					20	C	
-5378	SANDRENO ANTHONY						C	

- WORK CODES**
- N New
 - R Return
 - T Termination (Reason Code)
 - P Pension/Retirement
 - S Sick
 - O Out-of-state Injury
 - M Total Disability
 - U Unemployment
 - G Grave
 - L Layoff
 - D Death
 - W Full Term

TOTAL DAYS REPORTED: 20

HEALTH AND WELFARE FUND:
 DAILY RATE: 32.800 TOTAL DAYS REPORTED: 20 TOTAL: 656.00 ADJUSTMENT: 0.00 PAY TOTAL TO LOCAL 709 I.B. OF T. HEALTH AND WELFARE FUND: _____ CHECK # _____

PENSION FUND:
 DAILY RATE: 33.000 TOTAL DAYS REPORTED: 20 TOTAL: 660.00 ADJUSTMENT: 0.00 PAY TOTAL TO LOCAL 709 I.B. OF T. PENSION FUND: _____ CHECK # _____

This employer, through its authorized representative for the purpose of identifying same and whose legitimate interests shall, hereby certifies to the Trustees of the Health and Pension Funds, and each and every person whose name is set forth above and for whom contributions are being made is an employee of the Employer and covered by a lawful collective bargaining agreement between the Employer and the Local Union, for the period of time for which the contributions are being made. The employment listed above and the employee for whom the Employer is required to make contributions to the Funds.

7/14/08
 Date

AUTHORIZED SIGNATURE _____
 PAYMENTS ARE DUE ON OR BEFORE THE 10TH OF THE MONTH - A LATE PENALTY WILL APPLY FOR ALL DELINQUENT MONTHS
 ENTER DATE OF ADDITION OR TERMINATION FOR ALL CODE CHANGES

EMPLOYER'S REMITTANCE FORM
LOCAL 705 I.B. OF T. HEALTH & WELFARE AND PENSION FUNDS

(145 WEST JACKSON BLVD. - CHICAGO, ILLINOIS 60613-0727
TELEPHONE 312799-0211)

PRINTED: 8/24/2008

TBL NO. 216-881-5052 ACCT NO. 375

INDUSTRIAL TRANSPORT INC
2330 EAST 79TH STREET

TOTAL EMPLOYEES 7
COLLECTIONS AND CONTRIBUTIONS FOR 8/2008
RATES PER AMOUNT
M & W 164.000
PEN 165.000

CLEVELAND OH 44104

494646

LOCAL EMPLOYEES	NAME	DATE REPORTED BY						TOTAL DAYS	COMP	STATUS
		8/1	8/2	8/3	8/4	8/5	8/6			
2043	HICKMAN CLYDE	✓	✓	✓	✓	✓	✓	20	F	
4652	MOOPER SR BARRY	✓	✓	✓	✓	✓	✓	20	F	

TOTAL DAYS REPORTED 40

- WORK CODES**
- N = New
 - R = Return
 - M = Reassigned (Master/Date)
 - P = Promote/Retiree
 - E = End
 - O = Occupational Injury
 - T = Total Disability
 - Y = To Management
 - G = Casual
 - L = Layoff
 - D = Death
 - F = Full Time

HEALTH AND WELFARE FUND:		40		1312.00					
DAILY RATE	TOTAL DAYS REPORTED	TOTAL	ASSIGNMENT	PAY TOTAL TO LOCAL 705 IBT H&W FUND	CHECK #				
32.800	40	1312.00							
PENSION FUND:		40		1320.00					
DAILY RATE	TOTAL DAYS REPORTED	TOTAL	ASSIGNMENT	PAY TOTAL TO LOCAL 705 IBT PENSION FUND	CHECK #				
33.000	40	1320.00							

7/4/08
Date