- The parties agree that nothing herein is intended to nor shall it be construed as creating recognition of or bargaining with a multi-employer bargaining unit other than those already recognized by the Local Union and limited to the geographical jurisdiction of the Local Unions.
- This Agreement shall remain in full force and effect from year to year hereafter until such time as 8. either party has terminated properly each and every of the area-wide contracts adopted herein by providing proper notice as required for such termination in such area-wide contracts and provide a copy of all such notices, via certified mail, to the Great Plains Laborers' District Council not more than ninety (90) days but not less than sixty (60) days prior to the anniversary date of this Agreement. The EMPLOYER and the UNION agree to be bound by the area-wide negotiated contracts with the various Associations incorporated into this Agreement and shall remain bound to the incorporated agreements extending this Agreement for the life of the newly negotiated contract, if not notified within the specified period of time. Provided further that any agreements incorporated under this Agreement shall remain in full force and effect until those agreements have also been properly terminated pursuant to the terms set forth in each of the incorporated agreements and UNION and EMPLOYER agree that this Agreement shall remain in full force and effect if the incorporated agreements have not been terminated prior to this
- 9 The EMPLOYER acknowledges and accepts the facsimile signatures on this contract as if they were the original signatures The EMPLOYER further acknowledges receipt of a copy of the complete COLLECTIVE BARGAINING AGREEMENT.

IN WITNESS WHEREOF, and in consideration of the mutual promises of the parties hereto, and other good and valuable consideration, this Memorandum of Agreement was entered into this _____ day of

ACCEPTED: LABORERS' LOCAL UNION NO.

(Business Manager)

GREAT PLAINS LABORERS' DISTRICT COUNCIL

(Business Manager)

OLL BOTH CONDON'IN

(Signature)

(Name & Title)

(Address)

MONSTOWILL LOSS

(City, State & Zip Code)

アルドシシダ ゆひと

(Telephone Number)

309 a le 3 1050

(Facsimile Number)

37 0795645

(Federal Employer Identification Number)