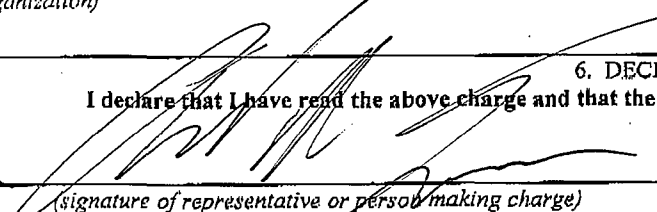


UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer Decatur Hotels, LLC & Joint Employer Mr. F. Patrick Quinn, III	b. Number of workers employed 25+	
c. Address (Street, City, State, and Zip Code) 317 Magazine Street, New Orleans, LA 70130	Employer Representative Michael L. Fantaci, Esq.	c. Telephone No. 504-828-1010 Fax 504-828-1079
f. Type of Establishment (factory, mine, wholesaler, etc.) Luxury Hotel Chain	g. Identify principal product or service Hotel Accommodations	
h. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) <u>3</u> of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.		
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)		
<p>On or about August 8, 2006, the Employer through its officers, agents and/or representatives issued a written warning to its employee Daniel Castellanos-Contreras in retaliation for his engagement in protected concerted activity.</p> <p>On or about August 18, 2006, the Employer through its officers, agents, and/or representatives terminated its employee Daniel Castellanos-Contreras in retaliation for his engagement in protected concerted activity.</p>		
By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rights guaranteed in Section 7 of the Act.		
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Andrew H. Turner, Esq.		
4a. Address (street and number, city, state, and ZIP code) c/o Southern Poverty Law Center, Immigrant Justice Project, 400 Washington Avenue, Montgomery, AL 36104	4b. Telephone No. 334-956-8328 Fax - 334-956-8481	
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)		
6. DECLARATION		
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		
By  (signature of representative or person making charge) Andrew H. Turner	_____ Attorney (title if any)	
Address Same as 4a.	Same as 4b above (Telephone No.)	August 25, 2006 (date)

*WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1001)