U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Displosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c- 65/ 366575			
Person Filing			
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:		
Name Gregory J Simvoulakis	Name		
Title CEO	Title		
Organization Labor Management Advisory Group, Inc.	Organization N/A		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Rocm No., if any		
Street 1615 Bunker Hill Way, Suite 220	Street		
City Salinas	City (1987)		
State California ZIP Code + 4 93906	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Dec / 31 a Individual b Partnership	c. Corporation 1. Other (Specify):		
Nature of Agreement or Arrangement			
Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:		
Name	7 / 22 / 2008		
Organization AGG Enterprises, Incorporated	8. Name of person(s) through whom made:		
Trade Name, if any	Name George Simons		
P.O. Box, Bldg., Room No., if any PO Box 17163	Name		
Street	Name		
City Portland	Name		
State Oregon ZIP Code + 4 97217	Name		
Signatures			
Each of the undersigned declares, under penalty of perjury and other applicable			
the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII op benalties in the instructions.)			
tide, correct, and complete (see appears of the instructions.)			
13. Signed President (If other title, see	14. Signed Treasurer (15 other title age)		
(Anexi fu) instructions)	(If other title, see instructions)		
Title C.E.O.	Title (opecity)		
C.B.O.			
On 8/08/2008 (831) 442- 5624	On 8/08/2008 (831) 442-5624		
Date Telephone Number	Date Telephone Number		

Filer: Gregory Simvoulakis Labor Management Advisory	Group, Inc. File Number C-			
9. Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:			
a. To persuade employees to exercise or not to exercise, or persuade employees as to the mariner 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 a	n administrative or arb tral proceeding or a criminal or civil judicial proceeding.			
10. Terms and conditions (Explain in detail; see instructions, Written agreements	must be attached.):			
See attached Exhibit "A"				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instruct	ions):			
a. Nature of activity:				
Provision of information to all bargaining unit emp	ployees.			
Provision of information to all company representati	ives.			
11.b. Period during which performed: 7/21/08- Present	11.c. Extent perform∌d: as needed			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name	Name			
Organization Labor Management Advisory Group, Inc.	Organization N/A			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 1615 Bunker Hill Way, Suite 220	Street			
City Salinas	City			
State California ZIP Code + 4 93906	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All bargaining unit employees	Teamsters Local 305			
All company reps				

EXHIBIT "A" LMAG CONSULTING WORK ORDER (FLAT RATE SERVICES)

LMAG Agreement Number:	Date: 07/21/0	80
Name of Client: AGG ENTE	RPRISES, Inc.	
Location Address:	Portland, Oregon	
Contact Person: GEORGE	SIMONS TITLE: OWNER	
Job Description: Flat Rate S	ervices .	
Services (Check all that app	y):	
a 	bility Audit: alk with employees one-on-one to determine Where they are in the campaign Why they are in the campaign	
	rocess and procedure analysis	
1. 1. 2. M 3. S	toutline for a persuasive campaign to include: Information leafleting Ianagement and Supervisor education What they can and cannot do and say mail captive group meetings w/ employees rea Standards Information	

Flat Rate Fee for Service:

Based on the above service(s) with a 42 day window of opportunity to address the workforce and approx, three (3) weeks remaining until the vote, we project ten (10) hours of one consultant's time per day at \$275.00 per hour for a minimum fee of \$2,750.00 per day, per consultant (if more than one is used), approximately two (2) to three (3) days per week per consultant, plus travel and expenses. This preliminary quote is approximately \$16,500.00 biase, for the project (not including travel and expenses). Once agreed upon and signed, a \$7,500.00 retainer will be required and is to be billed immediately.

Travel will be billed at a \$125.00 per hour, and all training materials and expenses are billed accordingly.

Understanding there is the potential for extenuating circumstances regarding unforeseen actions by 1 AGG

FAX NO, :5032832070

the union and or employees with these types of situations, this is only a preliminary quote, for consulting services and the actual amount could go much higher.

Acceptance of Order: Yes / No

LIVIAC

CEO-1 MAG

Bv:

Title:

Note: These are estimates and subject to terms and conditions of the LABOR MANAGEMENT ADVISORY GROUP (LMAG)

Consulting Agreement(s). A 50% retainer will be required, billing at 15 day cycles with a 4 by payment term during the campaign, Attho
clascration and request of LMAG, a second retainer will be required within 34 hours or all work will begin immediately and atth billing will be
issued.

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