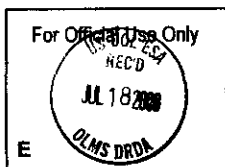


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



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 Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00464

364274

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Marta De los Rios
Title	Office Manager
Organization	Labor Information Services, Inc.
P.O. Box, Bldg., Room No., if any	PO Box 6063
Street	
City	Malibu
State	California
ZIP Code + 4	90265
3. Any other address where records necessary to verify this report are kept:	
Name	
Title	
Organization	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	
ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:
Dec / 8	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	John Klinestiver
Organization	Atmel Corporation
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	2325 Orchard Parkway
City	San Jose
State	California
ZIP Code + 4	95131
7. Date entered into:	
6 / 11 / 2008	
8. Name of person(s) through whom made:	
Name	John Klinestiver
Name	
Name	
Name	
Name	

### Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed		President (If other title, see instructions)
Title	President	
On	7/10/2008	310-589-5225
	Date	Telephone Number
14. Signed		Treasurer (If other title, see instructions)
Title	Other (Specify) Office Manager	
On	7/10/2008	310-589-5225
	Date	Telephone Number

## 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner 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 an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

## 10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Starting June 11, 2008 until the assignment ends (no date has been determined), our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of signing authorization cards and voting in the upcoming election. There is no maximum of hours allocated to this work assignment. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.

## Specific Activities to be Performed

## 11. For each activity, separately list in detail the information required (See instructions):

## a. Nature of activity:

To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

## 11.b. Period during which performed:

6/11/08 until end of assignment

## 11.c. Extent performed:

On-going

## 11.d. Name and address through whom performed:

Name John Mitchell  
 Organization Labor Information Services, Inc.  
 P.O. Box, Bldg., Room No., if any PO Box 6063  
 Street  
 City Malibu  
 State California ZIP Code + 4 90264

## Additional Name and address through whom performed, if any:

Name  
 Organization Labor Information Services, Inc.  
 P.O. Box, Bldg., Room No., if any PO Box 6063  
 Street  
 City Malibu  
 State California ZIP Code + 4 90264

## 12.a. Identify subject groups of employees:

All voting employees in the bargaining unit.

## 12.b. Identify subject labor organizations: