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. 1245-0003
Expires 07-31-2019



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 CAREFUL	LLY BEFORE PREPARING THIS REPORT. 627917
1. File Number: <b>c-</b> 00633	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Steven A Beyer	Name
Title Partner	Title
Organization Tlhe Crossroads Group Labor Relations Con	Organization
P.O. Box, Bldg., Room No., if any 505	P.O. Box, Bldg., Room No., if any
Street 63 Via Pico Plaza	Street
City San Clemente	City
State California ZIP Code + 4 92672	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec 31 a. Individual b. Partnership	c. Corporation d. Other (Specify):
· · · · · · · · · · · · · · · · · · ·	
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 8 / 12 / 2016
Name Daniel Egler	
Organization XPO Logistics	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 2211 Old Earhart Road	Name
City Ann Arbor	Name
State Michigan    ✓ ZIP Code + 4 48105	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.)	
Title Other (Specify)  President (If other title, see instructions)	14. Signed Michael Dana Pana Treasurer (If other title, see instructions)  Title
Partner	Partner
On 9/10/2016 (949) 248-0884	On <b>O9/16/16</b> (818) 999-5632

Date

Telephone Number

Telephone Number

Date

Filer: Steven Beyer The Crossroads Group Labor Rela	tions Cons File Number C- 00633	
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.):		
Payment on a fee-for-service basis at the hourly rate of \$350.00 per hour, plus reasonable and customary expenses.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):  a. Nature of activity:  To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation.		
11.b. Period during which performed:	11.c. Extent performed:	
8/15-8/19/2016  11.d. Name and address through whom performed:	Complete  Additional Name and address through whom performed, if any:	
Name Steven A Beyer	Name Name	
Organization The Crossroads Group Labor Relations Consu	Organization	
P.O. Box, Bldg., Room No., if any 505	P.O. Box, Bldg., Room No., if any	
Street 63 Via Pico Plaza	Street	
City San Clemente	City	
State California ZIP Code + 4 92672	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All NNC employees (Atlanta, GA) .	IBT and IAM	