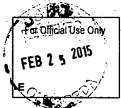
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	·		
1. File Number: <b>C-</b> 00633			
Person Filing			
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name Michael D Penn	Name		
Title Partner	Title		
Organization The Crossroads Group	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 63 Via Pico Plaza, Suite 505	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: 1 / 26 / 2015		
Name Dan Egeler	· · · · · · · · · · · · · · · · · · ·		
Organization Con-way Inc.	Name of person(s) through whom made:		
Trade Name, if any Con-way Freight	Name Dan Egeler		
P.O. Box, Bldg., Room No., if any	Name Thomas W Clark		
Street 2211 Old Earhart Road, Suite 100	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.)  STEVEN A. BEYEL			
13. Signed Michael Dane Pen President (If other title, see	14. Signed (TRAVELLING - OUT OF STATE) Treasurer		
Title Other (Specify) instructions)	(If other title, see instructions)		
Partner	Partner		
On 02/14/2015 818-999-5632	On 02/14/2015 949-248-0884		
Date Telephone Number	Date Telephone Number		

Filer: Michael Penn The Crossroads Group		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 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 a		their Section 7 rights and	
furnish them with information related to third-party representation			
11.b. Period during which performed:  01/27/15 to Present	11.c. Extent performed:  Continuing		
11.d. Name and address through whom performed:		es through whom performed if any	
Name Michael D Penn	Additional Name and address through whom performed, if any:  Name		
	Name		
Organization The Crossroads Group	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 63 Via Pico Plaza, Suite 505	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 truck and trailer mechanics at the Employer's	IAM Local Lodge 701		
shop location in Gary, IN			