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 09-30-2011



C- 00527

1. File Number:

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.

Same and maling address (include ZIP Code):	Daman Cilina	
Name JOHN M HERMANN Title CEO Organization LABOR RELATIONS SERVICES, INC Organization P.O. Box, Bidg., Room No., if any Street 24 CORPORATE PLAZA City NEWPORT BEACH State California ZIP Code + 4 92660 State ZIP Code + 4 4. Date fiscal year ends: Dec / 31 ZIP Code + 4 92660 State ZIP Code + 4 4. Date fiscal year ends: Dec / 31 Lindividual b Partnership c C Corporation d Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name TOM HARRINGTON RARRINGTON B. Name Crystral SPRINGS Trade Name, if any P.O. Box, Bidg., Room No., if any Street 1313 PACIFIC DRIVE City BUILLINGTON State Washington ZIP Code + 4 98233 Name Signatures Signatures Signatures Signatures Signatures 14. Signed Title President Treasurer Treasurer I On 2/11/2010 949-719-1962 On 2/11/2010 949-719-1962	Person Filing 2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Title CEO Organization LABOR RELATIONS SERVICES, INC Organization P.O. Box, Bidg., Room No., if any SUITE 100 P.O. Box, Bidg., Room No., if any Street 24 CORPORATE PLAZA Street City NEWPORT BEACH City State California ZiP Code +4 92660 State ZiP Code +4 4. Date fiscal year ends: Dec 31 a Individual b Partnership c CCorporation d Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZiP Code): Name TDM HARRINGTON Organization DS WATER CRYSTAL SPRINGS Trade Name, if any P.O. Box, Bidg., Room No., if any Name Name Name Name City BUILLINGTON State Washington ZiP Code +4 98233 Name Signatures Each of the undersigned declares, under penalty of perjury and other applicable penalties of faw, 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 camplete, (See Section VII on penalties in the first fulls, see instructions) Title President Title President Title Treasurer		Name
Organization LABOR RELATIONS SERVICES, INC P.O. Box, Bidg., Room No., if any SUITE 100 P.O. Box, Bidg., Room No., if any Street 24 CORPORATE PLAZA City NEWPORT BEACH State Callifornia ZiP Code +4 92660 State ZiP Code +4 2iP Code +4 City Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZiP Code): Name TDM HARRINGTON Organization DS WATER CRYSTAL SPRINGS Trade Name, if any P.O. Box, Bidg., Room No., if any Name Name Name Name Street 7. Date entered into: 10 / 20 / 2009 8. Name of person(s) through whom made. Name Name Name Name Street 1313 PACIFIC DRIVE City BUHLINGTON State Washington ZiP Code +4 98233 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 camplete. (See Section VII on penalties in the instructions.) 13. Signed Title President Title President Title Treasurer (If other title, see instructions) Treasurer (If other title, see instructions)		Title
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FIG. JOHN HERMANN LABOR RELATIONS SERVICES, INC	File Number C- 00327	
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.):		
ALL SERVICES DESCRIBED IN SECTION 11A. BELOW SHALL BE PERFORMED ON AN HOURLY FEE OF \$250.00 PER HOUR. EXPENSES IN CONNECTION WITH THE PERFORMANCE OF SUCH SERVICES AS TRAVEL, ACCOMODATIONS, COPIES, ECT., WILL BE REIMBURSED TO LABOR RELATIONS SERVICES, INC. AT ACTUAL COST.		
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity:		
LABOR RELATIONS SERVICES, INC., HAS BEEN RETAINED TO ASSIST THE EMPLOYER NAMED ABOVE IN COMMUNICATIONS WITH ITS EMPLOYEES WITH REGARDS TO THE MANNER IN WHICH THEY EXERCISE THIER RIGHTS TO ORGANIZE AND BARGAIN COLLECTIVELY. WE WILL ASSIST IN CONDUCTING MEETINGS WITH EMPLOYEES AND IN COMMUNICATIONS IN WRITING DURING THE PERIOD IMMEDIATELY PRIOR TO THE CONDUCT OF A REPRESENTAION ELECTION.		
11.b. Period during which performed: PENDENCY OF N.L.R.B. ELECTION	11.c. Extent performed: NONE AS OF THIS DATE	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name JOHN M HERMANN	Name ROBERT LONG	
Organization LABOR RELATIONS SERVICES, INC.	Organization LABOR RELATIONS SERVICES, INC	
P.O. Box, Bldg., Room No., if any SUITE 100	P.O. Box, Bldg., Room No., if any SUITE 100	
Street 24: CORPORATE PLAZA	Street 24 CORPORATE PLAZA	
City NEWPORT BEACH	City NEWPORT BEACH	
State California ZIP Code + 4 92660	State California ZIP Code + 4 92660	
12.a. Ident fy subject groups of employees:	12.b. Identify subject labor organizations:	
ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED TO BETWEEN THE PARTIES.	TEAMSTERS	