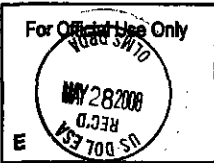


FORM LM-20

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.

362 348

1. File Number: c- 641

Person Filing

2. Name and mailing address (include ZIP Code):

Name Ronald C Smith

Title Attorney at Law

Organization Stewart & Irwin, P.C.

P.O. Box, Bldg., Room No., if any Suite 1100

Street 251 E. Ohio Street

City Indianapolis

State Indiana

ZIP Code + 4 46204-2147

3. Any other address where records necessary to verify this report are kept:

Name n/a

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

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):

Name

Organization Clay County Rural Telephone Cooperative

Trade Name, if any Endeavor Communications

P.O. Box, Bldg., Room No., if any P.O. Box 237

Street

City Cloverdale

State Indiana

ZIP Code + 4 46120

7. Date entered into:

4 / 25 / 2008

8. Name of person(s) through whom made:

Name Michael East

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

Title

~~President~~ Vice-President

President
(If other title, see
instructions)

14. Signed

Title

Treasurer

Treasurer
(If other title, see
instructions)

On

5/23/08
Date

317-639-5454
Telephone Number

On

5/23/08
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.):

The employer is a long-time legal client of the law firm. As attorneys for the client, the law firm represents client in various corporate regulatory and employment activities, which included representing the employer in Case #25-RC-10426. Since the employer is a long-term client of the law firm, there is no written agreement for the performance of services.

Specific Activities to be Performed

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

a. Nature of activity:

To furnish legal advice with respect to the employer's rights and responsibilities under the NLRA; to provide information utilized by the employer in the labor organization organizing process; to furnish information to the employer and employees concerning labor management relations in general and the labor organization involved specifically.

11.b. Period during which performed:

4-25

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Ronald C Smith

Organization Stewart & Irwin, P.C.

P.O. Box, Bldg., Room No., if any Suite 1100

Street 251 E. Ohio Street

City Indianapolis

State Indiana ZIP Code +4 46204-2147

Additional Name and address through whom performed, if any:

Name Jeffrey B Halbert

Organization Stewart & Irwin, P.C.

P.O. Box, Bldg., Room No., if any Suite 1100

Street 251 E. Ohio Street

City Indianapolis

State Indiana ZIP Code +4 46204-2147

12.a. Identify subject groups of employees:

Installation and repair, rewire, dispatch, internet support, grounds and building maintenance, network engineers, network operations technicians, lead technicians, customer service representatives, clerical telephone representatives, construction, engineering, purchasing and supply agents, CAD operator, accounts payable, accounting operations, CABS, data processing, payroll, graphic arts and DP clerk.

12.b. Identify subject labor organizations:

Local 723 - International Brotherhood of Electrical Workers