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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name RICARDO PASALAGUA Name RICARDO RI					
2. Name and mailing address (include ZIP Code): Name RICARDO PASALAGUA Title PRESIDENT Title PRESIDENT Title Organization RP & ASSOCIATES P.O. Box, Bidg., Room No., if any Street & SEASIDE CIRCLE City NEWPORT BEACH State California ZIP Code + 4 92663 State ZIP Code + 4 4. Date fiscal year ends: Dec 7 A Individual b Partnership c Corporation d Other (Specify): Name JOHN Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name JOHN LOWERY Organization ROSSI CONCRETE, INC. Trade Name, if any SAME AS ABOVE P.O. Box, Bidg., Room No., if any SUITE E Street 4,1831 MCALBY COURT City MITRIETA State California ZIP Code + 4 92562-7037 Signature Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in Jibis-report Acquiding the information contained in any accompanying deemtering has been examined by the signatory and is, to the best of the undersigned did knowledge and belief. Title President Title Treasure: (If other title, see instructions) Title Treasure: (If other title, see instructions)	1. File Number: c- 5/0 326809				
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6. Full name and address of employer with whom made (include ZIP Code): Name JOHN LOWERY Organization ROSSI CONCRETE, INC. Trade Name, if any SAME AS ABOVE P.O. Box, Bidg., Room No., if any SUITE E Street 41831 MCALBY COURT City MURRIETA State California ZIP Code + 4 92562-7037 Signatures Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in Jahie-report flactuding the information contained in any accompanying decrments) has been examined by the signatory and is, to the best of the undersigned skinowledge and belief, true, correct, and complete. (See Section Vil on penalties in the instructions.) 13. Signed President (If other title, see instructions) Title Treasurer Title Treasurer (If other title, see instructions)	Dec / 7 a. Individual b. Partnership	c. Corporation d. Other (Specify):			
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Title Treasurer	13. Signed President (If other title, see				
On 04/25/2007 714-240-2919 On 04/25/2007 714-240-2919		Treasurer			
All 64/50/5001 114-540-5313 All 64/50/5001 (14-540-5313	0- 04/25/2007 714-240-2919	On 04/25/2007 714-240-2019			
Date Telephone Number Date Telephone Number					

Filer: RICARDO PASALAGUA RP & ASSOCIATES	File Number C-
Check the appropriate box to indicate whether an object of the activities under	taken is directly or indirectly:
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To persuade employees to exercise or not to exercise, or persuade er collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of em such employer, except information for use solely in conjunction with a	ployees or a labor organization in connection with a labor dispute involving n 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 Expenses incurred in connection with the performant copies, telephone long distance, etc., were inclusing	e of such services as travel, accommodations,
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruct	ions):
a. Nature of activity:	
RP & Associates, has been retained to assist the enemployees with regard to the manner in which they collectively. We will assist in conducting meeting during the period immediately prior to the conduct	excercise their rights to organize and bargain gs with employees and in communications in writing
11.b. Period during which performed:	11.c. Extent performed:
Pendency of N.L.R.B.	None as of this date.
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name RICARDO PASALAGUA	Name RUTH JENKINS
Organization RP & ASSOCIATES	Organization RP & ASSOCIATES
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 6 SEASIDE CIRCLE	Street 6 SEASIDE CIRCLE
City NEWPORT BEACH	City NEWPORT BEACH
State California ZIP Code + 4 92663	State California ZIP Code + 4 92663
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:

· Filer: RICARDO PASALAGUA RP & ASSOC	TATES	le Number C-
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## Specific Activities to be Performed (Continuation Page)

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

RP & Associates, has been retained to assist the employer named above in communication with its employees with regard to the manner in which they excercise their 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 representation election.

11.b. Period during which per	formed:	11.c. Extent performed:			
Pendency of N.L.R.B.		None as of t	None as of this date.		
11.d. Name and address thro	ugh whom performed:	Additional Name and add	dress through whom performed, if any:		
Name ADRIANA	ORTIZ	Name			
Organization RP & ASSOC	IATES	Organization	Organization		
P.O. Box, Bldg., Room No., if	any	P.O. Box, Bldg., Room N	P.O. Box, Bldg., Room No., if any		
Street 6 SEASIDE CIRCL	E	Street			
City NEWPORT BEACH		City			
State California	ZIP Code + 4 92663	State	ZIP Code + 4		
Additional Name and address	through whom performed, if any:	Additional Name and ad	Additional Name and address through whom performed, if any:		
Name		Name	Name		
Organization		Organization	Organization		
P.O. Box, Bldg., Room No., if	any	P.O. Box, Bldg., Room N	P.O. Box, Bldg., Room No., if any		
Street		Street	Street		
City		City			
State	ZIP Code + 4	State	ZiP Code + 4		
12.a. Identify subject groups of	employees:	12.b. Identify subject lat	bor organizations:		
ALL FULL-TIME AND F	REGULAR PART-TIME EMPLOYEES.				
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## RP & ASSOCIATES 6 Seaside Circle Newport Beach, CA 92663

Personal & Confidential

5/3/07

April 25, 2007

Ms. Kay F. Bethea U.S. Department of Labor Office of Labor-Management Standards Room N-5119 200 Constitution Ave NW Washington, DC 20210

Dear Ms. Bethea,

Attached is the appropriate LM-20 Document for the Union Campaign performed by RP & Associates. Please note that we do not have a File Number, but per a conversation with James Hoskins, he said that one would be automatically allocated to us upon receipt of this LM 20.

Sincerely,

Barbara A. Ellmore Chief Financial Officer

(Attachment)