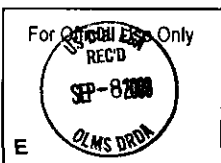


FORM LM-20

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.

1. File Number: c-630 364448

Person Filing

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

Name Olivia Bell
Title Office Manager
Organization Oliver J. Bell & Associates
P.O. Box, Bldg., Room No., if any
Street 13449 Dulles Avenue
City Austin
State Texas ZIP Code + 4 78729

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

Name
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 MasTec Satellite
Trade Name, if any
P.O. Box, Bldg., Room No., if any 12th Floor
Street 800 Douglas Road
City Coral Gables
State Florida ZIP Code + 4 33134

7. Date entered into:

7 / 29 / 2008

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

Name Virginia Pagliery
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

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 8/27/2008 512-249-6200
Date Telephone Number

On 8/27/2008 512-249-6200
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.):

To provide information to employees on labor relations issues. Meet with small groups of employees up to 12 hours per week to communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization. There was no written agreement.

Specific Activities to be Performed

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

a. Nature of activity:

To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization.

11.b. Period during which performed:

July 14 - July 31

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Bill Jonas
Organization Oliver J. Bell & Associates
P.O. Box, Bldg., Room No., if any
Street 13449 Dulles Avenue
City Austin
State Texas ZIP Code + 4 78729

Additional Name and address through whom performed, if any:

Name
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

12.a. Identify subject groups of employees:

Technicians working in Kingsport, TN

12.b. Identify subject labor organizations: