

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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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.

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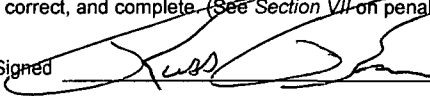
1. File Number: C-094

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Russell M Brown	3. Any other address where records necessary to verify this report are kept:
Title Member	Name
Organization RoadWarrior Productions LLC	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 108 S Indian Circle	P.O. Box, Bldg., Room No., if any
City Cocoa	Street
State Florida	City
ZIP Code + 4 32922	State
4. Date fiscal year ends:	5. Type of person:
Dec / 10	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Mike Joyce	7. Date entered into: 5/4/2010
Organization Praire Archway International Trucks	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 3701 Chouteau	Name
City St Louis	Name
State Missouri	Name
ZIP Code + 4 63110	

### 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  President  
(If other title, see instructions)  
Title Other (Specify)  
Member

On 8/13/2010 3215078997  
Date Telephone Number

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title Other (Specify)  
N/A

On \_\_\_\_\_  
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.):

Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses.

#### Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

5/5/2010 to 6/3/2010

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name

Organization Labor Relations Institute

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

Street 7850 S Elm Place

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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:

Service Technicians

12.b. Identify subject labor organizations:

IAM