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 11-30-2009



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 Felations 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- 00367 37250 .	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name ROBERT LONG	Name
THE PRESIDENT	Title
Organization TILE AMEMICAN CONSULTING GROUP, INC.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Ro∷m No., if any
Street 23361 MDGRO, SUITE 220	Street
CHY MISSION VIETO	City
State CA ZIP Code + 4 92691	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	· ·
2 / 3 a. Individual b. Partnership	Corporation tl. Other (Specify):
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	See grant of the control of the cont
Nature of Agreement or Arrangement	
6, Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 9 / 01 / 2008
Name	
Organization NYK LOBISTICS (AMERICAS) INC.	8. Name of person(s) through whom made:
Trade Name, if any	Name JUZENE BAGGIN
P.O. Box, Bidg., Room No., if any	Name
Smeet 12417 EAST CARSON ST.	Name
CHY LONG BEACH	Name '
State CA ZIP Code +4 90810	Name
* Signe	itures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President (If other title, see	penalties of law, that all of the information submitted in this report (including by the signatory and ks, to the best of the undersigned's knowledge and belief,  14. Signed  Treasurer (If other title, see
On COZIOY 949 452 - 184 3  Date Telephone Number	On 10/21/38 949-452-1840 Telephone Number

					-		
Filer:	THEA	ne wow	CONSULT	126	6100/	), /	IC.

File Number C- 00 36 7

9. Check the appropriate box to Indicate whether an object of the activities undertaken, is directly or incitrectly:
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

0. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):				
nfloyed on a per diem basis No written abreement	by THE	ENlloyER USTED	(N NO.5	ABOVE.
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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:

MEET WITH EMPloYEES TO PROVIDE INFORMATION ON THE LEUAL PROCESS OF ORGANIZING, UNIONS, AND COLLECTIVE BUGAINING. AUSWEL EMPLOYEE QUESTIONS AND REVIEW DOLUMENTATION WITH THEM REGAZOND UNIONS.

11.b. Period during which performed:	11.c. Extent performed:		
DCTOSEL 2009- 11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name LOBERT LONG	Name		
Organization THE AMERICAN CONSULTING GRAP, INC	Organization		
P.O. Box, Bidg., Room No., if any	P.O. Box, Bidg., Room No., if any Street		
Street 2336/ MADENO, SUITE 220			
City MISSUN VIETO	City		
State C4 ZIP Code + 4 9 26 9 1	State ZIP Code + 4		
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Office My Werial EmployEES	ILWV LOUL 63		