

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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For Official Use Only



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number: C-00525

342930

Person Filing

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

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State OK ZIP Code + 4 74011

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 Rail Crew Xpress

Trade Name, if any

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

Street 5775 Yonge Street, Suite 1010

City Toronto

State ONTARIO ZIP Code + 4 M2M4J1

7. Date entered into:

1 / 21 / 2008

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

Name Scott

Boyes

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.

13. Signed

[Signature]

President  
(If other title, see instructions)

Title President

14. Signed

[Signature]

Treasurer  
(If other title, see instructions)

Title Treasurer

Stamp

Delete

On 2/14/08

918-455-9995

Date

Telephone Number

Clear Signatures

On 2/14/08

918-455-9995

Date

Telephone Number

Filer:

LRI Consulting Services

File Number C- 00525

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.):

Agreement to provide consultation, to give speeches to employees about exercising their right to organize and bargain collectively. Duration of 2 days.

## Specific Activities to be Performed

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

a. Nature of activity:

TEST PG: CNT

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

1/31 - 2/1/08

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name Chris Borusso

Organization Criterion Workforce Solutions, LLC

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

Street 323 Mariners Way

City Copiague

State NY ZIP Code + 4 11726

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:

Drivers

12.b. Identify subject labor organizations:

Machinists &amp; Aerospace Workers