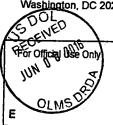
U.S. Department of Labor Office of Labor Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

622408

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66018		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name Charles R Stephenson	Name	
Title Member	Title	
Organization CRS Labor Relations Solutions	Organization	
P.O. Box, Bldg., Room No., if any Suite M	P.O. Box, Bldg., Room No., if any	
Street 1500 E. Katella Ave.	Street	
City Orange	City	
State California ZIP Code + 4 92867	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec / 31 a. Individual b. Partnership	c. Corporation d. Other (Specify):	
Nature of Agreement or Arrangement		
. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into:		
Name Frances Chiang	7. Date entered into: 10/13/12	
Organization	8. Name of person(s) through whom made:	
Trade Name, if any North Star Technology	Name	
P.O. Box, Bidg., Room No., if any	Name	
Street 32-C-Mauchly	Name	
City Irvine	Name	
State California ZIP Code + 4 92618-2366	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 or penalties in the instructions.)		
13. Signed Multi Juguer President (If other title, see	14. Signed Treasurer	
Title Other (Specify) instructions)	(If other title, see instructions)	
Member Charles Styphinson		
On 1-26-15 957-3/6-/032 Date Telephone Number	On	
4-24-16	Date Telephone Number	
orm LM-20 (2003)		
	2Page 1 of 2	

Filer. Charles Stephenson CRS Labor Relation	ons Solutions	File Number O
7.		File Number C- 66018
9. Check the appropriate box to indicate whether an object of the a	ctivities undertaken, is directly or	indirectly:
a. To persuade employees to exercise or not to exercise, or collectively through representatives of their own choosing		
b. To supply an employer with information concerning the ar such employer, except information for use solely in conju	ctivities of employees or a labor on a labor of a labor	organization in connection with a labor dispute involving
 Terms and conditions (Explain in detail; see instructions. Written Daily Rate 	agreements must be attached.):	
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: Engaged to communicate to employees regardicollectively		
		·
1.b. Period during which performed:	11.c. Extent perform	ed:
various days beginning 10/15/12	Fully Per	
1.d. Name and address through whom performed:	Additional Name and	address through whom performed, if any:
	Name	,
rganization	Organization	
.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Rool	m No if any
treet	Street	
ty		
ate ZIP Code + 4	City	
	State	ZIP Code + 4
a. Identify subject groups of employees:	12.b. Identify subject	abor organizations:
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