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 10-31-2013



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- 00633 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Steven A Beyer Title Title Partner Organization Organization The Crossroads Group Labor Relations Con P.O. Box, Bldg., Room No., if any 505 P.O. Box, Bldg., Room No., if any Street 63 Via Pico Plaza Street City City San Clemente ZIP Code + 4 State California ZIP Code + 4 92672 State 4. Date fiscal year ends: 5. Type of person: Individual b. Partnership c. Corporation d. Other (Specify): 31 Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2012 Calkins Name Jay 8. Name of person(s) through whom made: Organization Evapco, Inc. Name Trade Name, if any McCormack Coil Company Name P.O. Box, Bldg., Room No., if any Name Street 5151 Allendale Lane City Taneytown Name ZIP Code + 4 State Maryland 21787 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.) Michael Dana Penn 13. Signed 14. Signed President Treasurer (If other title, see (If other title, see instructions) instructions)

Other (Specify)

03/27/12

(818) 999-5632

Telephone Number

Partner

Title

Other (Specify)

(949) 248-0884

Telephone Number

Partner

3/24/2012

Date

O Charly the appropriate how to indicate whether an abject of the nativities undertaken is directly or indirectly.			
3. 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 involves 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.):			
Payment on a fee-for-service basis at an hourly rate of \$350.00 per hour, plus reasonable and customary expenses.			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instructions):			
a. Nature of activity:			
To assist the Employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation.			

11.b. Period during which performed:	11.c. Extent performed:
3/04/2012 - Present	Ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Steven A Beyer	Name
Organization The Crossroads Group Labor Relations Cons	Organization
P.O. Box, Bldg., Room No., if any 505	P.O. Box, Bldg., Room No., if any
Street 63 Via Pico Plaza	Street
City San Clemente	City
State California ZIP Code + 4 92672	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All full-time and regular part-time production employees and leads (including floor supervisors) employed by the Employer in finning, coil, welding, sheet metal, and assembly departments employed at the Employer's facility located at 6333 SW Lakeview Blvd., Lake Oswego, OR	International Brotherhood of Teamsters, Local 162

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