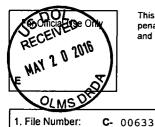
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006



**Person Filing** 

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.

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name Michael D Penn	Name	
Title Partner	Title	
Organization The Crossroads Group	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 63 Via Pico Plaza, Suite 505	Street	
City San Clemente	City	
State California ZIP Code + 4 92672	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec / 31 a. Individual b. Pa	rtnership c. Corporation d. Other (Specify):	
Nature of Agreement or Arrangement		
6. Full name and address of employer with whom made (include ZIP Co		
Name Russ Owens	4 / 8 / 2016	
Organization Vanderlande Industries, Inc.	8. Name of person(s) through whom made:	
Trade Name, if any	Name Russ Owens	
P.O. Box, Bldg., Room No., if any	Name	
Street 1975 West Oak Circle	Name	
City Marietta	Name	
State Georgia ZIP Code + 4 30062	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 true, correct, and complete. (See Section VII on penalties in the instructions.)		
13. Signed Miskal Dana Penn President (If other till installing in	le, see (If other title, see	
Title Other (Specify) instructions	Title Other (Specify) instructions)	
Partner	Partner	
On 05/02/2016 818-999-5632	on $5/6/20$ b $949-248-0884$	
Date Telephone Number	Date Telephone Number	
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Filer: Michael Penn The Crossroads Group	File Number C- 00633		
O Charly the appropriate has to indicate substitute and the activities under	alone in disease, as in disease,		
<ol><li>Check the appropriate box to indicate whether an object of the activities under</li></ol>	aken, is directly or indirectly:		
a. To persuade employees to exercise or not to exercise, or persuade em collectively through representatives of their own choosing.	ployees as to the manner of exercising, the right to organize and bargain		
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.):		
Payment on a fee-for-service basis at the hourly rate of \$375.00 plus reasonable and customary expenses			
1919.			
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 its employees of their Section 7 rights and provide them with information regarding third-party representation			
11.b. Period during which performed: 04/08 - 04/16/16	11.c. Extent performed:  Continuing		
04/00 - 04/10/10	Concinuing		

11.b. Period during which performed:	11.c. Extent performed:
04/08 - 04/16/16	Continuing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Michael D Penn	Name
Organization The Crossroads Group	Organization
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 63 Via Pico Plaza, Suite 505	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 Control System Technicians (CSTs), Machinery Maintenance Mechanics (MMMs), Entry Support Mechanics (ESMs), and Stores Officer at the Employer's facilities at Denver International Airport, 8400 Pena Blvd., Denver, CO 80249	IAM Local Lodge 1886

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