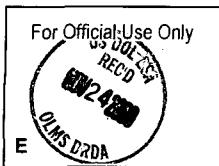


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011



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- 00386

407620

### Person Filing

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

Name Patti L Grant

Title Secretary

Organization Preventive Personnel Mgmt of Oregon, Inc

P.O. Box, Bldg., Room No., if any PO Box 547

Street

City Lake Oswego

State Oregon

ZIP Code + 4 97034

3. Any other address where records necessary to verify this report are kept:

Name n/a

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 Scott Washburn

Organization Tree Top, Inc.

Trade Name, if any

P.O. Box, Bldg., Room No., if any PO Box 248

Street

City Selah

State Washington

ZIP Code + 4 98942

7. Date entered into:

8 / 31 / 2009

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

Name Scott Washburn

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. (See Section VII on penalties in the instructions.)

13. Signed

*Harley Lopez*  
President

President  
(If other title, see  
instructions)

14. Signed

*Patti L. Grant*  
Treasurer

Treasurer  
(If other title, see  
instructions)

On 11/1/2009 503 699-1300

Date

Telephone Number

On 11/1/2009 503 699-1300

Date

Telephone Number

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.):

\$240 to \$255 per hour consulting fee

#### Specific Activities to be Performed

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

a. Nature of activity:

Persuader activity as described in 9(a) above, including meetings with employees

11.b. Period during which performed:

August-September 2009

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Dean T Zografos

Organization Preventive Personnel Management of Ore

P.O. Box, Bldg., Room No., if any PO Box 547

Street

City Lake Oswego

State Oregon

ZIP Code + 4 97034

Additional Name and address through whom performed, if any:

Name Todd A Lyon

Organization Preventive Personnel Management of Ore

P.O. Box, Bldg., Room No., if any PO Box 547

Street

City Lake Oswego

State Oregon

ZIP Code + 4 97034

12.a. Identify subject groups of employees:

production and maintenance

12.b. Identify subject labor organizations:

Teamsters Local 760