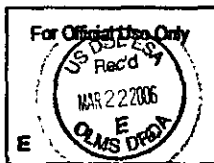


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 88-257, 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. 447

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Norman S. Burr</u> Title <u>Owner/Manager</u> Organization <u>Burr & Associates</u> P.O. Box, Bldg., Room No., if any Street <u>9059 SW Reiling Street</u> City <u>Tigard</u> State <u>Oregon</u> ZIP Code + 4 <u>97224-5783</u>	3. Any other address where records necessary to verify this report are kept: Name <u>n/a</u> Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: <u>12 / 31</u>	5. Type of person: Sole Proprietor a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name <u>Sound Utilities, Inc.</u> Organization Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>1405 Central Avenue, South</u> City <u>Kent</u> State <u>Washington</u> ZIP Code + 4 <u>98032</u>	7. Date entered into: <u>February / / 2006</u> 8. Name of person(s) through whom made: Name <u>Craig Bowes</u> 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 Norman S. Burr President
(If other title, see instructions)
Title President Owner/Manager

14. Signed n/a
Treasurer
(If other title, see instructions)
Title Treasurer

On 3/13/06 503-620-4538
Date Telephone Number

On _____
Date Telephone Number

Filer:	File Number C-
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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.):

Employed on a per diem basis during the fiscal year by the Employer in #6

There is no formal, written agreement so none is included

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity: Determine & address issues; advise client on their legal rights and obligations so they do not violate the Act; research publications for information re: the Union; draft campaign literature for the client's approval; meet with the employees to provide information</p>	
<p>11.b. Period during which performed: February 2006</p>	<p>11.c. Extent performed: March 2006</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Norman S. Burr</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street address above in #2</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>Laborer's bargaining unit employees</p>	<p>12.b. Identify subject labor organizations:</p> <p>Laborers Local No. 440</p>

Burr & Associates

CONSULTANTS TO MANAGEMENT

9059 SW Reiling Street
Tigard, Oregon 97224-5783
Phone & Fax 503-620-4538
nburr120@comcast.net

March 13, 2006

U. S. Department of Labor
OLMS, Room N-5613
200 Constitution Avenue, N. W.
Washington, D. C. 20210



Dear Sir or Madam:

Re: LM-20

Enclosed please find an original and one copy of Burr & Associates completed and signed form LM-20 for Sound Utilities Inc, Kent, Washington.

Thank you for your time and consideration in this matter.

Sincerely,

Norman S. Burr
Owner/Manager

encl.