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 03-31-2019



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 CAREFU	LLY BEFORE PREPARING THIS REPORT.
YEMS DBY	114489
1. File Number: <b>C-</b> 00464	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Marta De los Rios	Name
Title Office Manager	Title
Organization Labor Information Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Room No., if any
Street	Street
City Malibu	City
State California ZIP Code + 4 90264	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 19 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):	7. Date entered into: 12 / 1 / 2019
Name Daniel Silverman	
Organization Boise Cascade	8. Name of person(s) through whom made:
Trade Name, if any	Name Daniel Silverman
P.O. Box, Bldg., Room No., if any Suite 300	Name
Street 1111 West Jefferson Street	Name
City Boise	Name
State Idaho ZIP Code + 4 83728	Name
Sign	atures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examine true, correct, and complete. (See Section VII on penalties in the instructions.)	e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief,
13. Signed President (If other title, see instructions)	Treasurer (If other title, see instructions)
	Office Manager
On 01/20/2020 800-721-4547	On 01/20/2020 800-721-4547
Date Telephone Number	Date Telephone Number

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Filer: Marta De los Rios Labor Information Services,	Inc. File Number C- 00464	
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.):	
Starting 12/02/19 until the assignment ends (no end date has been determined, our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of signing authorization cards and voting in the upcoming election. There is no maximum number of hours allocated to this work assignment. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billing amount.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct	ons):	
<ul><li>a. Nature of activity:</li><li>To inform employees in the voting bargaining unit t</li></ul>	o evergise their right to choose whether or not	
they wish to be represented for the purposes of col		
	•	
11.b. Period during which performed:	11.c. Extent performed:	
12/02/19 until end of assignment	On-going	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Phil Brown	Name Jud Grubbs	
Organization Labor Information Services, Inc.	Organization Labor Information Services, Inc.	
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Room No., if any PO Box 6063	
Street	Street	
City Malibu	City Malibu	
State California ZIP Code + 4 90264	State California ZIP Code + 4 90264	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All voting employees in the bargaining unit.	All voting employees in the bargaining unit.	

Filer Marta De los Rios

## Specific Activities to be Performed (Continuation Page)

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

To inform employees in the voting bargaining unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

11.c. Extent performed:
On-going
Additional Name and address through whom performed, if any:
Name Brad Moss
Organization Labor Information Services, Inc.
P.O. Box, Bldg., Room No., if any PO Box 6063
Street
City Malibu
State California ZIP Code + 4 90264
Additional Name and address through whom performed, if any:
Name
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4
12.b. Identify subject labor organizations:
All voting employees in the bargaining unit.