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



This report is mandatory under P.L. 88-257, as amended. Failure to comply may result th 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 51 250	
Person Filing	2 Am offer address when a second as section this country with
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, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 03 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. Partnership	c. Corporation d Other (Specify):
Nature of Agreement or Arrangement	All the state of t
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 8 / 15 / 2008
Name Brian J Sasadu	8. Name of person(s) through whom made:
Organization Coca-Cola Enterprises occurrence of the common control of the co	्रवार कर अधिक गण्यों के पद हाँ कर कर व्या क्ष हैं के प्राप्त कर कर कर कर है ।
Trade Name, if any	
P.O: Box, Bidg., Room No., if any	.Name.
Street 2500 Windy Ridge Parkway	Name
"City Atlanta	Name
State Georgia ZIP Code + 4 30339	Name
Sians	itures
Each of the undersigned declares, under penalty of periury and other applicable	pertaities of law, that at of the information submitted in this report (including
the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	by the signatory end (s), to the best of the undersigned's knowledge and belief,
an olima Mila of N. D	William Marine
13. Signed William Pana Pana President (If other tittle, see	14. Signed Treasurer (If other title, see
Title Other (Specify) instructions)	Title Other (Specify) instructions)
Partner	Partner
On 09/23/2008 818-999-5632	6-24-708 949-349-0984
On 09/23/2008 818-999-5632 Pate - Telephone Number	On 7-21-208 949-248-0884 Ciate - Telephone Number
ware taken and the same and the	Total in the second of the sec

Filer Michael Penn The Crossroads Group	File Number C- 00633	
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 manuer 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.):		
Payment on a fee-for-service basis at the hourly rate of \$325.00		
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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, and to apprise employees of their Section 7 rights and the advantages of working without third-party representation		
11.b. Period during which performed:	11.c. Extent performe:l:	
08/18/08 - 09/08/08	Completed	
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, Bldg., Room No., if any	P.O. Box, Bklg., Rooth 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 non-supervisory warehouse and Q.A. employees at the employer's Denver, Colorado location (3825 York Street)	IBT Local 455	
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