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 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 3937465 Person Filling 2. Name and mailing address (include ZP Code): Name Patti L Grant Title Secretary Organization Preventive Personnel Mgmt of Oregon, Inc P.O. Box, Bidg., Room No., if any po Box 547 Street City Lake Gewego State Oregon ZP Code + 4 97034 State Dec / 31 Street Sinet City Lake Gewego State Oregon ZP Code + 4 97034 State ZP Code + 4 State ZP			
2. Name and mailing address (include ZIP Code): Name Patti I Grant Title Secretary Organization Preventive Personnel Ngnt of Oregon, Inc P.O. Box, Bidg., Room No., If any Po Box 547 Street City Lake Oswego State Oregon ZIP Code + 4 97034 State ZIP Code + 4 97034 State ZIP Code + 4 97034 Dec / 31 Individual b Partnership cl Corporation d Other (Specify): Netwer of Agreement or Arrangement 8. Full name and address of employer with whom made (include ZIP Code): Name Jeff Rilliott Cryanization JCI, Inc. Trade Name, If any P.O. Box, Bidg., Room No., If any State State State ZIP Code + 4 97405 Name State State State ZIP Code + 4 97405 Name State State State State ZIP Code + 4 97405 Name State St	1. File Number: C- 00386 393765		
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P.O. Box, Bidg., Room No., if any po Box 547 Street City Lake Cawego State Oregon ZIP Code + 4 97034 State State City Lake Cawego State Oregon ZIP Code + 4 97034 State ZIP Code + 4 Determine of Agreement or Arrangement 6. Type of person: a Individual b Partnership Cix Corporation d Other (Specify): Meture of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Jeff Bliott Organization JCI, Inc. Trade Name, if any P.O. Box, Bidg., Room No., if any Street 86470 Franklin Blvd City Bugene State Oregon ZIP Code + 4 97405 Name Signatures Each of the undecigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information organization in any accombigating documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, cortical agrocomplase, (See Section Vir on penalties in the instructions) 13. Signed President Treasurer	Title Secretary	Title	
Street City Lake Oswego State Oregon ZiP Code +4 97034 State ZiP Code +4 4. Deta fiscal year ends: Dec	Organization Preventive Personnel Mgnt of Oregon, Inc	Organization	
City Lake Oswego State Oregon ZIP Code + 4 97034 A. Date fiscal year ends: Dec	P.O. Box, Bidg., Room No., if any PO Box 547	P.O. Box, Bidg., Room No., If any	
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4. Date flacal year ends: Dec	City Lake Oswego	City	
Neture of Agreement or Arrangement 8. Full name and address of employer with whom made (include ZIP Code): Name	State Oregon ZIP Code + 4 97034	State ZIP Code + 4	
Metiure of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name	4. Date fiscal year ends: 5. Type of person:	<u> </u>	
8. Full name and address of employer with whom made (include ZIP Code): Name	Dec / 31 a. Individual b. Partnership	c. Corporation d. Other (Specify):	
8. Full name and address of employer with whom made (include ZIP Code): Name			
Name Jeff Elliott Organization JCI, Inc. Trade Name, if any P.O. Box, Bidg., Room No., if any Street 86470 Franklin Blvd City Bugene State Oregon ZIP Code + 4 97405 Each of the undersigned declares, under penalty of penjury and other explicable penalties of law, that all of the information submitted in this report (including the information organizations) has been examined by the signature and in any accompanying documents) has been examined by the signatury and is, to the best of the undersigned's knowledge and belief, true, correct any complete. (See Section Will on penalties in the instructions.) 13. Signed President Title President Treasurer If other title, see instructions) 14. Signed Treasurer If other title, see instructions) Treasurer If other title, see instructions)	Nature of Agreement or Arrangement		
Name Jeff Elliott Organization JCI, Inc. Trade Name, if any P.O. Box, Bidg., Room No., if any Street 86470 Franklin Blvd City Eugene State Oregon ZIP Code + 4 97405 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 organization) has been examined by the signatory and is, to the best of the undersigned and belief, true, control and complete. (See Section W on penalties in the instructions.) 13. Signed Title President Treasurer If other title, see instructions On 3/31/2008 503 699-1300 On 3/31/2008 503 699-1300	6. Full name and address of employer with whom made (include ZIP Code):		
Trade Name, if any P.O. Box, Bidg., Room No., if any Street 86470 Franklin Blvd Name State Oregon ZIP Code + 4 97405 Name Signatures Each of the undecigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information appropriate. (See Section Vir on penalties in the instructions.) 13. Signed Title President Treasurer Title Treasurer Treasurer Treasurer It other title, see instructions On 3/31/2008 503 699-1300 On 3/31/2008 503 699-1300	Name Jeff Elliott		
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Street 86470 Franklin Blvd City Eugene State Oregon ZIP Code + 4 97405 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 accomplanty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accomplanty documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, contest any complete. (See Section W on penalties in the instructions.) 13. Signed Treasurer If other title, see instructions) Treasurer (if other title, see instructions) Title Treasurer (if other title, see instructions)	Trade Name, if any	Name Jeff Elliott	
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Title President If other title, see instructions Title Treasurer If other title, see instructions On 3/31/2008 503 699-1300 On 3/31/2008 503 699-1300	TOO, CONSTRUCTION OF CONTROL OF C	mais-1/2. Man	
Title President (natructions) On 3/31/2008 503 699-1300 On 3/31/2008 503 699-1300			
On 3/31/2008 503 699-1300 On 3/31/2008 503 699-1300	President () () (natructions)	Treasurer instructions)	
	Time		
	On 3/31/2008 503 699-1300	On 3/31/2008 503 699-1300	
	Date Telephone Number	Date Telephone Number	

Filer Patti Grant Preventive Personnel Mgnt of Ore	gon, Inc File Number C- 00386		
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.): \$230 per hour consulting fee.			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See Instruct	ions):		
a. Nature of activity:			
Persuader activity as described in 9(a) above, inc	luding meetings with employees		
11.b. Period during which performed:	11.c. Extent performed:		
November 2008	completed		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Todd A Lyon	Name		
Organization Preventive Personnel Mgmt of Oregon, Inc.	Organization		
P.O. Box, Bidg., Room No., if any PO Box 547	P.O. Box, Bidg., Room No., If any		
Street	Street		
City Lake Oswego	City		
State Oregon ZiP Code + 4 97034	State Oregon ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
All plant employees	United Steelworkers Union		