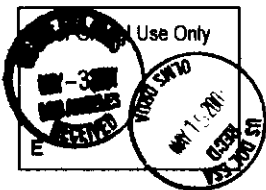


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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- 400 326740

Person Filing

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

Name ALEX CASILLAS

Title CONSULTANT

Organization ACTION RESOURCES

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

Street 3892 Brook Hills Road

City Fallbrook

State California ZIP Code + 4 92028-8102

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

Name

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

Organization PASKAL LIGHTING

Trade Name, if any

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

Street 1135 N. MANSFIELD AVE.

City HOLLYWOOD

State California ZIP Code + 4 90028

7. Date entered into:

7 / 25 / 2005

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

Name DANA NEWMAN

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

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 05/02/2007

Date

(818) 999-9990

Telephone Number

On

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.):

To educate employees on their rights under the National Labor Relations Act. To truthfully inform employees of possible negative consequences of unionization. \$1,950 per day.

Specific Activities to be Performed

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

a. Nature of activity:

Group meetings with employees.

11.b. Period during which performed:

JULY 2005 - SEPTEMBER 2005

11.c. Extent performed:

COMPLETED

11.d. Name and address through whom performed:

Name PATRICK D LOPEZ

Organization ADVANCED LABOR RELATIONS, INC.

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

Street 4027 FLOWERWOOD LANE

City FALLBROOK

State California ZIP Code + 4 92028

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.a. Identify subject groups of employees:

Warehouse Employees.

12.b. Identify subject labor organizations:

Teamsters