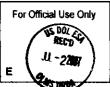
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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. 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- 00464 **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name De los Rios Marta Title Title Office Manager 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 City Malibu State California ZIP Code + 4 90265 State ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: c. Corporation d. Other (Specify): Dec Individual b. Partnership Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2007 23 Name Don Urgo 8. Name of person(s) through whom made: Organization American Fuji Name Don Urgo Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 17 Stewart Place City Fairfield Name State New Jersey ZIP Code + 4 07004 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 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Other (Specify) Title Title Office Manager 6/22/2007 310-589-5225 6/22/2007 310-589-5225 Telephone Number Date 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 a bitral proceeding or a criminal or civil judicial proceeding.		
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):		
Starting 5/23/07 until the assignment ends (no 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 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 billable amount.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.		
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11.b. Period during which performed:	11.c. Extent performed:	
5/23/07 until end of assignment	On-going	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Gilbert Apodaca	Name	
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.		
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