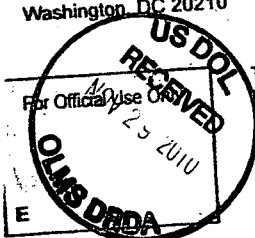


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

439783

1. File Number: c-530

<b>Person Filing</b> CHARLES K. SMITH		<b>3. Any other address where records necessary to verify this report are kept:</b>	
<b>2. Name and mailing address (include ZIP Code):</b>		<b>Name</b>	
<b>Name</b> CHARLES K. SMITH		<b>Title</b>	
<b>Title</b>		<b>Organization</b> N/A	
<b>Organization</b>		<b>P.O. Box, Bldg., Room No., if any</b>	
<b>P.O. Box, Bldg., Room No., if any</b>		<b>Street</b>	
<b>Street</b> 207 GAYLANE DR.		<b>City</b>	
<b>City</b> Columbus		<b>State</b>	
<b>State</b> MS.		<b>ZIP Code + 4</b>	
<b>ZIP Code + 4</b> 39702			
<b>4. Date fiscal year ends:</b> DEC. 31 / 2010		<b>5. Type of person:</b>	
		a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):	

<b>Nature of Agreement or Arrangement</b>		<b>7. Date entered into:</b> 10/26/2010	
<b>6. Full name and address of employer with whom made (include ZIP Code):</b>		<b>8. Name of person(s) through whom made:</b>	
<b>Name</b> CRAY VALLEY		<b>Name</b> MICHAEL GRAUCH	
<b>Organization</b> OAKLANDS CORPORATE CENTER		<b>Name</b> H.R. CORPORATE	
<b>Trade Name, if any</b>		<b>Name</b>	
<b>P.O. Box, Bldg., Room No., if any</b>		<b>Name</b>	
<b>Street</b> 468 THOMAS JONES WAY		<b>Name</b>	
<b>City</b> SUITE 100		<b>Name</b>	
<b>City</b> EXTON		<b>Name</b>	
<b>State</b> PA.		<b>Name</b>	
<b>ZIP Code + 4</b> 19341			

## 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

Title

President

SELF

President  
(If other title, see instructions)

14. Signed

Title

Treasurer

Treasurer  
(If other title, see instructions)

On

11/13/2010 (662) 386-2162

Date

Telephone Number

On

Date

Telephone Number

Filer:

File Number C-

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.):

ONE(1) CONSULTANT FOR A TOTAL OF (7) SEVEN DAYS BASED ON TWO (2) DIFFERENT TRIPS. FIRST TRIP COVERED WAS 10/20 - 10/23/2010 WITH A CHARGE OF \$1250.00 PER DAY FOR THREE(3) DAYS, WITH NO CHARGE FOR ONE(1) TRAVEL DAY, SHOWING VIDEOS. SECOND TRIP WAS 10/26 - 10/30/2010 WITH A CHARGE OF \$1250.00 PER DAY FOR FOUR(4) DAYS TO ANSWER EMPLOYEES QUESTIONS.

Specific Activities to be Performed

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

a. Nature of activity:

1ST TRIP - HOLD CAPTIVE AUDIENCE MEETINGS WITH EMPLOYEES SHOWING ONE(1) VIDEO WHICH WAS PROVIDED BY EMPLOYER.  
2ND TRIP - WALK THROUGH PLANT TO ANSWER ANY-POSSIBLE QUESTIONS EMPLOYEES MAY HAVE. TWO (2) TRAVEL DAYS - N/C

11.b. Period during which performed:

10/20/2010 ; 10/30/2010 7-DAYS

11.d. Name and address through whom performed:

Name

CRAY VALLEY

Organization

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

Street

11455 IH 10

City

BERUMONT

State

TX.

ZIP Code + 4

77705-7043

11.c. Extent performed:

UNION WITH DREW PETITION

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:

48 EMPLOYEES

12.b. Identify subject labor organizations:

STEELWORKERS UNION