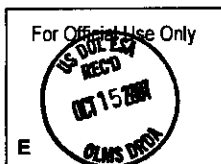


FORM LM-20

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.



338598

1. File Number: C- 00322

Person Filing	
2. Name and mailing address (include ZIP Code): Name Peter A List Title Founder & CEO Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any Street 759 Bloomfield Avenue, No. 301 City West Caldwell State New Jersey ZIP Code + 4 07006	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 / 7	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Lily Transportation Corporation Trade Name, if any P.O. Box, Bldg., Room No., if any Street 145 Rosemary Street City Needham State Massachusetts ZIP Code + 4 02949	7. Date entered into: 9 / 12 / 2007 8. Name of person(s) through whom made: Name Jim Walker 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)	14. Signed 	Treasurer (If other title, see instructions)
Title Other (Specify) Founder & CEO		Title Other (Specify) Secretary & Treasurer	
On 10/1/2007	973-808-6800	On 10/1/2007	973-808-6800
Date	Telephone Number	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.):

Company was employed on a per hour basis with no formal written agreement relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

Specific Activities to be Performed

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

a. Nature of activity:

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

11.b. Period during which performed:

9/07 - 10/07

11.c. Extent performed:

9/07

11.d. Name and address through whom performed:

Name Peter List

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, No. 301

City West Caldwell

State New Jersey ZIP Code + 4 07006

Additional Name and address through whom performed, if any:

Name James Hulsizer

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, No. 301

City West Caldwell

State New Jersey ZIP Code + 4 07006

12.a. Identify subject groups of employees:

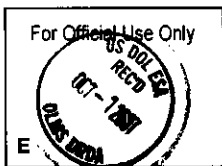
All full-time tractor trailer drivers employed by the employer at it's Gouldsboro, PA, location.

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters, Local 863

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00322

Person Filing

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

Name Peter A List

Title Founder & CEO

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, No. 301

City West Caldwell

State New Jersey ZIP Code + 4 07006

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 / 7

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization HydroChem Industrial Services

Trade Name, if any

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

Street 900 Georgia Avenue

City Deer Park

State Texas ZIP Code + 4 77536

7. Date entered into:

8 / 15 / 2007

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

Name William C Frederking

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

Title Other (Specify)
Founder & CEO

President
(If other title, see
instructions)

14. Signed

Title Other (Specify)
Secretary & Treasurer

Treasurer
(If other title, see
instructions)

On 9.24.2007 973-808-6800
Date Telephone Number

On 9.24.07 973-808-6800
Date Telephone Number

Filer: Peter List Kulture Consulting, LLC	File Number C- 00322
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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.):

Company was employed on a per hour basis with no formal written agreement relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.</p>	
<p>11.b. Period during which performed:</p> <p>08/07 - 09/07</p>	<p>11.c. Extent performed:</p> <p>9/07</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Peter List</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 759 Bloomfield Avenue, No. 301</p> <p>City West Caldwell</p> <p>State New Jersey ZIP Code + 4 07006</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Billy Medrano</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 759 Bloomfield Avenue, No. 301</p> <p>City West Caldwell</p> <p>State New Jersey ZIP Code + 4 07006</p>
<p>12.a. Identify subject groups of employees:</p> <p>All mechanics, vacuum service technicians, chemical service technician, chemical field supervisors at the Employer's Freeport, Texas Avenue D facility, crew leaders, and technicians employed by the Employer at its Avenue D, Dow, and BASF facilities.</p>	<p>12.b. Identify subject labor organizations:</p> <p>International Union of Operating Engineers, Local 564</p>

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

339598

1. File Number: C- 00386

Person Filing

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

Name Patti L Grant

Title Secretary

Organization Preventive Personnel Mgmt of Oregon, INC

P.O. Box, Bldg., Room No., if any P.O. Box 547

Street

City Lake Oswego

State Oregon

ZIP Code + 4 97034

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

Name n/a

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 Nancy Buck

Organization Tree Top, Inc.

Trade Name, if any

P.O. Box, Bldg., Room No., if any P.O. Box 248

Street

City Selah

State Washington

ZIP Code + 4 98942

7. Date entered into:

9 / 1 / 2007

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

Name Nancy Buck

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

Title President

President
(If other title, see instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see instructions)

On 10/18/2007 503-699-1300

Date Telephone Number

On 10/18/2007 503-699-1300

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.):

\$235/hr consulting fee

Specific Activities to be Performed

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

a. Nature of activity:

Persuader activity described in 9(a) above, including meetings with employees.

11.b. Period during which performed:

September 2007

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Dean Zografos
Organization Preventive Personnel Management
P.O. Box, Bldg., Room No., if any P.O. Box 547
Street
City Lake Oswego
State Oregon ZIP Code + 4 97034

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:

Production and Maintenance Employees

12.b. Identify subject labor organizations:

Teamsters

Preventive
Personnel
Management
of Oregon, Inc.

P.O. Box 547
Lake Oswego, Oregon 97034
(503) 699-1300



October 18, 2007

U.S. Dept. of Labor
Office of Labor-Management Standards
Room N-5616
200 Constitution Ave., NW
Washington, DC 20210

RE: OLMS C-00386

Gentlemen:

Enclosed you will find our completed LM-20 Report for services on behalf of:

Tree Top, Inc.
Hanard Machine, Inc.
Oldcastle Precast, Inc./Carson Industries

Very truly yours,

PREVENTIVE PERSONNEL MANAGEMENT
OF OREGON, INC.

PATTI L. GRANT
Secretary-Treasurer
/cjh
Encl.