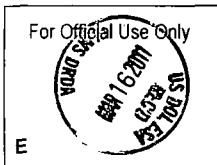


# FORM LM-20

## 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.

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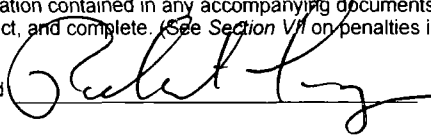
1. File Number: C- 724

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	ROBERT LONG
Title	PRESIDENT & CEO
Organization	AMERICAN LABOR RELATIONS SERVICES, INC
P.O. Box, Bldg., Room No., if any	
Street	17 RIVER ROCK DRIVE
City	COTO DE CAZA
State	California
ZIP Code + 4	92679
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:	5. Type of person:
Dec / 31	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

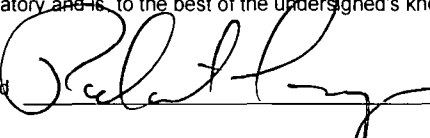
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	WILLIAM SNELL
Organization	PROTRANSPORT-1
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	720 PORTAL STREET
City	COTATI
State	California
ZIP Code + 4	94931
7. Date entered into:	
4 / 3 / 2009	
8. Name of person(s) through whom made:	
Name	JOHN M HERMANN (LRS)
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 President

14. Signed  Treasurer  
(If other title, see instructions)

Title Treasurer

On 3/9/2011 949-719-1962  
Date Telephone Number

On 3/9/2011 949-719-1962  
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.):

All services described in Section 11a. below shall be performed on an hourly fee basis at a rate of \$275.00 per hour. Expenses in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Labor Relations Services, Inc. at actual cost.

#### Specific Activities to be Performed

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

a. Nature of activity:

Labor Relations Services, Inc. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during the period immediately prior to the conduct of representation election.

11.b. Period during which performed:

4/3/2009-8/15/2009

11.c. Extent performed:

11.d. Name and address through whom performed:

Name ROBERT LONG  
 Organization AMERICAN LABOR RELATIONS SERVICES, INC  
 P.O. Box, Bldg., Room No., if any  
 Street 17 RIVER ROCK DRIVE  
 City COTO DE CAZA  
 State California ZIP Code + 4 92679

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:

ALL PART-TIME AND FULL-TIME EMPLOYEES AS AGREED TO BETWEEN THE PARTIES.

12.b. Identify subject labor organizations: