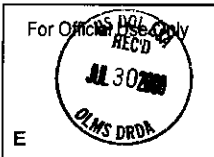


FORM LM-20

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- 531 364282

Person Filing

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

Name MICHAEL J. O'DONNELL

Title PRES

Organization PINNACLE ORG SERVICES

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

Street 11515 E. DELTA DR

City SCOTTSDALE AZ

State AZ ZIP Code + 4 85255

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:

12/31

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 DYNO NOBEL

Organization

Trade Name, if any

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

Street 2650 DECOR LAKE BLVD

City SALT LAKE CITY

State UTAH ZIP Code + 4 84119

7. Date entered into:

01/01/2008

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

Name

Name

Name

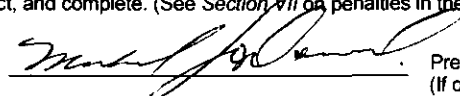
Name

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

7-24-08 480-419-9790

Date

Telephone Number

On

Date

Telephone Number

Filer: *PINNACLE ORG. SERV.*

File Number C- *531*

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.):

Present materials to employees and paid on an hourly basis.

Specific Activities to be Performed

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

a. Nature of activity:

Provide employees with information to make an informed decision as to representation

11.b. Period during which performed:

6-15-08 thru 7-15-08

11.c. Extent performed:

ON going

11.d. Name and address through whom performed:

Name *MICHAEL J. O'DONNELL*

Organization *POS*

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

Street *11515 E. DELTA O RD*

City *SCOTTSDALE*

State *AZ*

ZIP Code + 4 *85205*

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 women, black, and minorities at Butte, mining facility

12.b. Identify subject labor organizations:

*IUE #49
BLAINE, MINN. 55434*