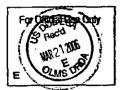
U.S. Department of Labor Office of Lator-Management Standards Washington, DC 20210

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. Feiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 460. 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- (004		
Person Filing		
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name FRANK G BARBETH BARBETH	Name	
Title SOCE PROPRIETOR	Title	
Organization BARRETRA & AGGC14 TES	Organization	
(P.O. Box) Bldg., Room No., if any \$3285	P.O. Box, Bldg., Room No., if any	
Street	Street	
City CAT OFFIANT	City	
State NU ZIP Code + 4 89/33 - 328	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
12/31 106 a. Individual b. Partners	nip c. Corporation d Other (Specify): CPUTOR	
Nature of Agreement or Arrangement		
Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 09_114 106	
Name GOVE KOWALIY		
Organization Lexus of ORCAND PARK	8. Name of person(s) through whom made:	
Trade Name, if any	Name JEFF Stre Koupins	
P.O. Box, Bldg., Room No., if any	Name	
Street TYFS W. 154 ST	Name	
City Traley PARK, ILL	Name	
State ZIP Code + 4 (XX 97)	Name	
	Name	
Signatures 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 signatury 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 MMUL Provident 14 Street 11/1		
Title President OWIEL (If other title, see instructions)	Treasurer (If other title, see instructions)	
On 03/03/06 160-485-2403 Telephone Number	On	
Form LM-20 (2003)		

Filer FRANK S BANBETTA	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.): VET BAL AGREEMENT WITH CLIENT TO PROVINE SETURIST STURIES STURIED IN BROWN TSLOCK # 1 ((a) @ \$1,200 AR JAM OR \$150 00 PER HERRE		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: PROUNIES PROUCES NO CLUSS STOCKED IN ARREST ACOCK \$9(A)		
11.b. Period during which performed:	11.c. Extent performed: AT NEELAS	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name FRANK & BANKETOA	Name N//5	
Organization BARBON-YAROS CLATET	Organization	
P.O. Box, Bldg., Room No., if any 33355	P.O. Box, Bldg., Room No., if any	
Street	Street	
CAY LATUEBAT	City	
State NU ZIP Code + 4 \$4/33 - 285	State ZIP Code + 4	
12.a. Identify subject groups of employees: AL BAGAWING VAT EMPLOYEES AM MARKET DEPARTMENT OF THE SECOND OF THE	12.b. Identify subject labor organizations: INTLASSIC. of Molbriers (I.A.M.) CODE TO I CODET RESIDENT ROLL COUNTY CNE, TOLL GOSDE	