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

## FORM LM-20 AMENDED 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.

647738

1 Fin Number			
1. File Number: C- 00633			
Person Filing			
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:		
Name Michael D Penn	Name		
Title Partner	Title		
Organization The Crossroads Group	-		
i	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 63 Via Pico Plaza, Suite 505	Street		
City San Clemente	City		
State California ZIP Code + 4 92672	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Dec / 31 a Individual b. Partnership c. Corporation d. Other (Specify):			
Nature of Agreement or Arrangement			
Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:		
Name Dan Egeler	8 / 30 / 2016		
Organization XPO Logistics Freight, Inc.	Name of person(s) through whom made:		
Trade Name, if any	Name Dan Egeler		
P.O. Box, Bidg., Room No., if any 100	Name		
Street 2211 Old Earhart Road	Name		
City Ann Arbor	Name		
State Michigan ZIP Code + 4 48105	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 Michael Dana Penn President 14. Signed MP STEVE BEYER IS CHARACTEY Treasurer			
Title Other (Specify) instructions)	Title Other (Specify; (If other title, see instructions)		
Partner	Partner		
On 03/27/2017 818-999-5632	On 03/27/2017 949-248-0884		
Date Telephone Number	Date Telephone Number		

FHER Michael Penn The Crossroads Group		File Number C- 00633	
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.):			
Payment on a fee-for-service basis at the hourly rate of \$350.00 plus reasonable and customary expenses			
Consider Assistation to be Defended			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instructions):			
a. Nature of activity:			
To assist the Employer with its communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation			
the second chess with information regarding third-	party representation		
11.b Period dur.ng which performed:	11.c. Extent performed:		
09/11 - 09/22/16	Complete		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Steven A Beyer	Name		
Organization The Crossroads Group	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 63 Via Pico Plaza, Suite 505	Street		
City San Clemente	City		
State California ZIP Code + 4 92672	State	ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor on	ganizations:	
Driver Sales Reps; Customer Service Reps; Dock Workers; Maintenance Technicians at Service Centers in Minneapolis, Eagan and Brainard, MN		organizations, generally	