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

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 12-31-2010



C-MURS

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.

2/04291

1. File Number: C-00483 36428	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Luck Cruz	Name
Title CEO	Title
Organization Crox & Associates, Irc.	Organization
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any
street 10201 Trademark Street, #C	Street
City Rando Cucamproga	City
State CA ZIP Code + 4 97730	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
a. Individual b. Partnership	c. Corporation c Other (Specify):
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name (Dobbi Storm)	7. Date entered into: 6 / 16 / 2008
Organization Kytes- American Wind Technology La	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 1881 Sw Nixto Varlusy, Juite 100	Name
City Oxedon	Name
State Oregon ZIP Code + 4 1720	Name
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,
13. Signed President	14. Signed Treasurer
(If other title, see instructions)	(If other title, see instructions)
Title Vesident	Title Treasurer
on 1/15/08 909 980 8736	On
Date Telephone Number	Date Telephone Number

Filer Eupe Cruz Cruz & Associates Inc	File Number C- 00483	
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 mariner 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 arb trail proceeding or a criminal or civil judicial proceeding.		
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): Hold employee medings to inform their section (i) rights and to answer questions pertaining to the union wing NLRB decuments and union documents for questions of answers.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity: Held employer meetings in small groups to union them on Unions		
11.b. Period during which performed:	11.c Extent performed:	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Greg Rossant	Name	
Organization Cruz & Associated Inc	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any	
street 10201 Trademark Sty HC	Street	
City Rando Curamony	City	
State CR ZIP Code + 4 91730	State ZiP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Employee in petertral banjaning unit	IBEN baln	

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