

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 11-30-2006



1. File Number:

c. 633

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.

AMENGED

Person Filing						
2. Name and mailing address (include ZIP	Code):	3. Any other address where records necessary to verify this report are kept:				
Name Michael D Pe	enn	Name				
Title partner		Title				
Organization The Crossroads Gro	oup	Organization				
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Roorn No., if any				
Street 63 Via Pico Plaza, Sui	te 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						
6. Full name and address of employer with	n whom made (include ZIP Code):	7. Date entered into: 2 / 15 / 2007				
Name David J Mang	er .	· · · · · · · · · · · · · · · · · · ·				
Organization Toray Composites	(America), Inc.	8. Name of person(s) through whom made:				
Trade Name, if any		Name David J Manger				
P.O. Box, Bldg., Room No., if any		Name Mark L Burggren				
Street 19002 50th Avenue E.		Name				
City Tacoma		Name				
State Washington	ZIP Code + 4 98446	Name				
	Signa	atures				
Each of the undersigned declares, under the information contained in any accompa- true, correct, and complete. (See Section	anying documents) has been examined	e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief,				
13. Signed Michael Duna	President (If other title, see instructions)	14. Signed Colly Wolfor Treasurer (If other title, see				
Title Other (Specify) partner	ii ioti (COO 15)	Title Other (Specify) instructions) Partner				
On 01/25/2008 818-	999-5632	On 01/25/3008 949-248-0884				
	elephone Number	Date Telephone Number				

	~ C					 	
Filer:	Michael	_{Pe} nn	The	Crossroads	Group		

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. X 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. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving b. such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

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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 \$337.50 plus reasonable and customary

expenses

Filer: Michael Penn

Specific Activities to be Performed

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

To persuade employees hired within the 90-day period prior to our visits to reject union representation

11.b. Period during which performed:	11.c. Extent performe:):				
03/05 - 03/08/07; 07/23 - 07/26/07	Ongoing				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Michael D Penn	Name Steven A Beyer				
Organization The Crossroads Group	Organization The Crossroads Group				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 63 Via Pico Plaza, Suite 505	Street 63 Via Pico Plaza, Suite 505				
City San Clemente	City San Clemente				
State California ZIP Code + 4 92672	State California ZIP Code + 4 92672				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
All hourly, supervisory and management employees at TCA's Tacoma, Washington plant	International Association of Machinists Lodge 75				

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