

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013

For Official Use Only

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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.

460466

1. File Number: C- 00386

### Person Filing

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

Name Patti L Grant

Title Secretary

Organization Preventive Personnel Mgmt of Oregon, Inc

P.O. Box, Bldg., Room No., if any PO Box 547

Street

City Lake Oswego

State Oregon

ZIP Code + 4 97034

3. Any other address where records necessary to verify this report are kept:

Name n/a

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 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 Brett Joyce

Organization Rogue Ales

Trade Name, if any

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

Street 2320 OSU Drive

City Newport

State Oregon

ZIP Code + 4 97365

7. Date entered into:

4 / 27 / 2011

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

Name Brett Joyce

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

Title

President

President  
(If other title, see  
instructions)

14. Signed

Title

Treasurer

Treasurer  
(If other title, see  
instructions)

On

5-24-11

Date

Telephone Number

On

5-24-11 503699-1300

Date

Telephone Number

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.):

\$270 per hour consulting fee.

#### Specific Activities to be Performed

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

a. Nature of activity:

Persuader activity as described in 9(a) above, including meetings with employees.

11.b. Period during which performed:

May-June 2011

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Todd A Lyon  
Organization Preventive Personnel Mgmt. of Oregon  
P.O. Box, Bldg., Room No., if any PO Box 547  
Street  
City Lake Oswego  
State Oregon ZIP Code + 4 97034

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:

Production and Warehouse employees.

12.b. Identify subject labor organizations:

Teamsters Local #324.

**P**reventive  
**P**ersonnel  
**M**anagement  
of Oregon, Inc.



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P.O. Box 547  
Lake Oswego, Oregon 97034  
(503) 699-1300

May 24, 2011

C-386

U.S. Dept. of Labor  
Office of Labor-Management Standards  
Room N-5616  
200 Constitution Ave., NW  
Washington, DC 20210

RE: OLMS C-00386

Gentlemen:

Enclosed you will find our completed LM-20 Report for services on behalf of:

Rogue Ales

Very truly yours,

PREVENTIVE PERSONNEL MANAGEMENT  
OF OREGON, INC.

PATTI L. GRANT  
Secretary-Treasurer  
/plg  
Encl.