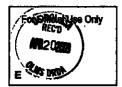
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

6.4.3

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

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2009



1. File Number:

c 643

This report is mandatory under P.L. 86-257, as amended. Faiture 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.

363 963

Person Filing 313179						
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:					
Name Chris Cimino	Name					
Title President	Title					
Organization CACR, INC.	Organization					
P.O. Box, Bidg., Room No., if any	P.O. Box, Bidg., Room No., if any					
Street 1141 West Washington Blvd, #235	Street					
City Chicago	Сну					
State Illinois ZIP Code + 4 60607	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 whom made (include ZIP Code):	7. Date entered into: 12 / 27 / 2008					
Name Kathleen Sullivan						
Organization Corey Steel Company	8. Name of person(s) through whom made:					
Trade Name, if any	Name Kathleen Sullivan					
P.O. Box, Bldg., Room No., if any	Name					
Street 2800 South 61st Court	Name					
City Cicero .	Name					
State Illinois ZIP Code + 4 60804	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 President	14. Signed Treasurer					
(If other title, see instructions)	(If other title, see instructions)					
Title	Title					
On 03/07/2009 312-433-0003	On					
Date Telephone Number	Date Telephone Number					
Form LM-20 (2003)	Page 1 of 2					

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Filer Chris Cimi	no CACR	, INC.			File Number C-	
9. Check the appropria	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						
b. It is supply an employer with information concerning the activities of employees of 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 conditio	10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):					
To educate employees of their rights under the National Labor Relations Act and to truthfully inform employees of the possible down-sides to unionization.						
Specific Activities to be						
11. For each activity, separately list in detail the information required (See Instructions):  a. Nature of activity:  A staff member from CACR (John Aguilar) walked through the plant occasionally and made himself available to answer questions.						
11.b. Period during whi Janaury 200	•			11.c. Extent performed:		
11.d. Name and address		performed:		Additional Name and address through whom performed, if any:		
Name John	-	guilar		Name		
Organization		-		Organization		
P.O. Box, Bidg., Room	No., if any			P.O. Box, Bidg., Room No., if any		
Street 1920 School	l House Lar	10		Street		
City Aurora				City		
State Illinois		ZIP Code + 4 60	506	State	ZIP Code + 4	
12.a. Identify subject gro	ups of employee	8:		12.b. Identify subject labor	organizations:	
Steel procession	ng plant			Steelworkers		
1						