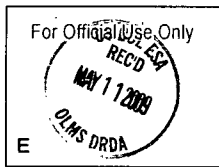


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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



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.

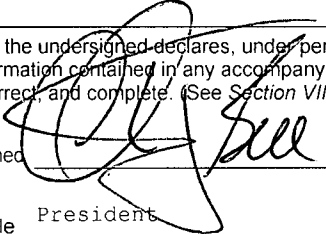
1. File Number: C- 630 395735

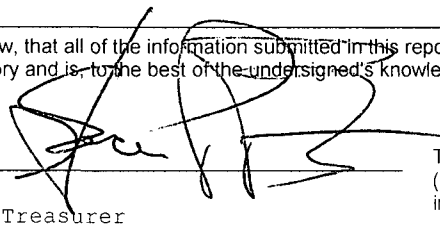
Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Olivia Bell	3. Any other address where records necessary to verify this report are kept:
Title Office Manager	Name
Organization Oliver J. Bell & Associates	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 13449 Dulles Avenue	P.O. Box, Bldg., Room No., if any
City Austin	Street
State Texas	City
ZIP Code + 4 78729	State
ZIP Code + 4	ZIP Code + 4
4. Date fiscal year ends: 12 / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Virginia Pagliery	7. Date entered into: 4 / 7 / 2009
Organization MasTec Satellite	8. Name of person(s) through whom made:
Trade Name, if any	Name Virginia Pagliery
P.O. Box, Bldg., Room No., if any	Name
Street 800 Douglas Road, 12th Floor	Name
City Coral Gables	Name
State Florida	Name
ZIP Code + 4 33134	

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
(If other title, see instructions)
Title President

14. Signed  Treasurer
(If other title, see instructions)
Title Treasurer

On 4/27/2009 512-249-6200
Date Telephone Number

On 4/27/2009 512-249-6200
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.):

To provide information to employees on labor relations issues. Meet with small groups of employees up to 20 hours per week to communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization. There was no written agreement.

Specific Activities to be Performed

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

a. Nature of activity:

To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization.

11.b. Period during which performed:

4/7-5/2

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Natasha Bush

Organization Oliver J. Bell & Associates

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

Street 13449 Dulles Avenue

City Austin

State Texas

ZIP Code + 4 78729

Additional Name and address through whom performed, if any:

Name Xavier Bell

Organization Oliver J. Bell & Associates

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

Street 13449 Dulles Avenue

City Austin

State Texas

ZIP Code + 4 78729

12.a. Identify subject groups of employees:

Technicians working in Duluth, GA

12.b. Identify subject labor organizations: