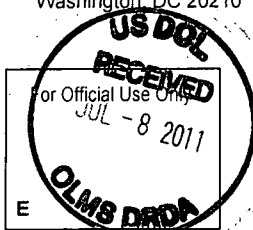


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006



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.

463451

1. File Number: C- 00633

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Michael D Penn	3. Any other address where records necessary to verify this report are kept:
Title Partner	Name
Organization The Crossroads Group	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 63 Via Pico Plaza, Suite 505	P.O. Box, Bldg., Room No., if any
City San Clemente	Street
State California ZIP Code + 4 92672	City
	State ZIP Code + 4
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input checked="" type="checkbox"/> Partnership c. <input 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 Brian J Sasadu	7. Date entered into: 4 / 21 / 2011
Organization Coca-Cola Refreshments, Inc.	8. Name of person(s) through whom made:
Trade Name, if any	Name Brian Lavelle
P.O. Box, Bldg., Room No., if any	Name
Street 2500 Windy Ridge Parkway	Name
City Atlanta	Name
State Georgia ZIP Code + 4 30339	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 Michael D Penn President  
(If other title, see instructions)  
Title Other (Specify)  
Partner  
On 06/09/2011 818-999-5632  
Date Telephone Number

14. Signed [Signature] Treasurer  
(If other title, see instructions)  
Title Other (Specify)  
Partner  
On 06/09/2011 949-248-0884  
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.):

Payment on a fee-for-service basis at the hourly rate of \$350.00, plus reasonable and customary expenses

#### Specific Activities to be Performed

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

a. Nature of activity:

To assist the Employer's efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation

11.b. Period during which performed:

04/25/11 - 06/08/11

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Michael D Penn

Organization The Crossroads Group

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

Street 63 Via Pico Plaza, Suite 505

City San Clemente

State California ZIP Code + 4 92672

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:

All full-time and regular part-time installers, service technicians, quality assurance employees, inventory control employees, production employees, full service drivers, transportation drivers, special events drivers, OFS drivers, sideload drivers, bulk drivers, warehouse employees including forklift drivers and loaders, transport loaders, fleet maintenance employees, repack employees, reset employees, production maintenance employees, lead employees and checkers employed by the Employer at its Fort Worth, Texas facility.

12.b. Identify subject labor organizations:

IBT Local 997