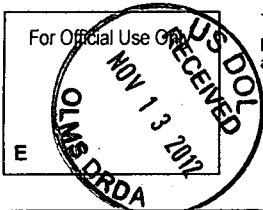


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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



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-

767

507153

### Person Filing

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

Name Colleen J Williams

Title Owner

Organization Labor Relations Specialist, LLC

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

Street 3941 E 63rd Street South

City Derby

State Kansas

ZIP Code + 4 67037

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

Name

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 Marc Myronowicz

Organization Harbor Services Company

Trade Name, if any

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

Street 2406 N Lake Avenue

City Altadena

State California

ZIP Code + 4 91001

7. Date entered into:

8 / 30 / 2012

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

Name Marc Myronowicz

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

*Colleen J Williams*

President  
(If other title, see  
instructions)

Title Sole Proprietor

14. Signed

*Colleen J Williams*

Treasurer  
(If other title, see  
instructions)

Title Other (Specify)

Chief Financial Officer

On 11/5/2012

Date

316-393-9055

Telephone Number

On 11/5/2012

Date

316-393-9055

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.):

All services described in Section 11a., below shall be performed on a flat rate fee of \$ 28,000.00. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., are not included in this fee and will be reimbursed to Labor Relations Specialist, LLC at actual cost.

#### Specific Activities to be Performed

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

a. Nature of activity:

Labor Relations Specialist, LLC has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during the period immediately prior to the conduct of representation election.

11.b. Period during which performed:

Pendency of N.L.R.B.

11.c. Extent performed:

None as of this date.

11.d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name Francisco G Fernandez

Name

Organization Labor Relations Specialist, LLC

Organization

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

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

Street 3941 E 63rd Street South

Street

City Derby

City

State Kansas

ZIP Code + 4 67037

State

ZIP Code + 4

12.a. Identify subject groups of employees:

All part-time and full-time employees as agreed to between the parties.

12.b. Identify subject labor organizations:

International Association of Machinist and Aerospace Workers District Lodge 19, AFL-CIO.