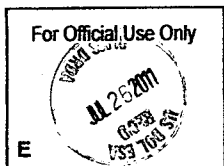


FORM LM-20

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.

4639666

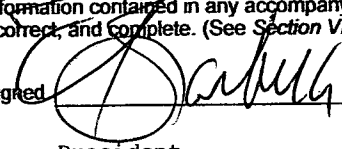
1. File Number: C- 00604

| Person Filing | |
|---|--|
| 2. Name and mailing address (include ZIP Code): Name Frank G Barbera Title Organization Barbera and Associates P.O. Box, Bldg., Room No., if any Street 3308 Ariba Street City Las Vegas State Nevada ZIP Code + 4 89129 | 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 / 8 | 5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): |

| Nature of Agreement or Arrangement | |
|---|---|
| 6. Full name and address of employer with whom made (include ZIP Code): Name William Snell Organization Protransport-1 Trade Name, if any P.O. Box, Bldg., Room No., if any Street 720 Portal Street City Cotati State California ZIP Code + 4 94931 | 7. Date entered into: 12 / 31 / 2008 8. Name of person(s) through whom made: Name 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 7/19/2011 760-485-2403
Date Telephone Number

On _____
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 guidance and assistance to employer and to meet with employees regarding their rights to organize and collectively bargain with labor organizations.

Specific Activities to be Performed

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

a. Nature of activity:

To meet with and provide consultation to employees regarding employee rights to bargain collectively.

11.b. Period during which performed:

NLRB

11.c. Extent performed:

None as of this date

11.d. Name and address through whom performed:

Name John M Hermann
Organization Labor Relations Services, Inc
P.O. Box, Bldg., Room No., if any Suite 100
Street 24 Corporate Plaza
City Newport Beach
State California ZIP Code +4 92660

Additional Name and address through whom performed, if any:

Name William Snell
Organization Protransport-1
P.O. Box, Bldg., Room No., if any
Street 720 Portal Street
City Cotati
State California ZIP Code +4 94931

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:

NEMSA