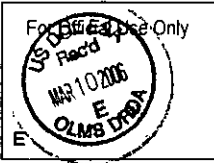


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



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- 00367

### Person Filing

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

Name Erick Becker

Title CEO

Organization The American Consulting Group, Inc.

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

Street 23361 Madero, Suite 220

City Mission Viejo

State California

ZIP Code + 4 92691

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 Rich Hervieux

Organization Elite Line Services

Trade Name, if any

P.O. Box, Bldg., Room No., if any Minneapolis/St. Paul

Street 4300 Glumack Dr, Suite F-1208

City Minneapolis

State Minnesota

ZIP Code + 4 55111

7. Date entered into:

Feb / 1 / 2006

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

Name Rich Hervieux

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

Robert Long

President  
(If other title, see instructions)

Title President

14. Signed

Erick Becker

Treasurer  
(If other title, see instructions)

Title Treasurer CEO

On

Date

(949) 452-1840

Telephone Number

On

Date

2/28/06

(949) 452-1840

Telephone Number

Filer: The American Consulting Group, Inc.	File Number C- 00367
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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.):

Employed on a per diem basis during the fiscal year by the employer listed in No. 5 above.  
There is no written formal agreement, so none is included.

#### Specific Activities to be Performed

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

a. Nature of activity:

Determine and address the issues; advise client on their legal rights and obligations so they don't violate the Act; research publications for information regarding the union; draft campaign literature for client's approval; meet with employees to provide information only when management is unable to do so.

11.b. Period during which performed:

Feb./March 2006

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Erick Becker  
Organization American Consulting Group  
P.O. Box, Bldg., Room No., if any  
Street Address same as #1 above  
City  
State ZIP Code + 4

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:

Electricians

12.b. Identify subject labor organizations:

IBEW Local 292