U.S. Department of Labor Office of Labor-Management Standards Washington, 1957-0210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

Title report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil the 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- 435

Person Filing

Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:				
Name Russ	Brown	Name				
Title CEO		Title				
Organization Russ Brown Associates		Organization				
P.O. Box, Bidg., Room No., if any 233		P.O. Box, Bldg., Room No., if any				
Street 5753G Santa Ana Cyn Rd.		Street				
City Anaheim		City				
State California ZIP Code + 4 92807		State		ZIP Code + 4		
4. Date fiscal year ends:	· · · · · · · · · · · · · · · · · · ·					
Dec / 31 a. Individual b. Partnership c. Corporation d. Other (Specify):						
Nature of Agreement or Arrangemen	nt	· · · · · · · · · · · · · · · · · · ·				
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 3 / 12 / 2007				
Name William Mitchell		P. Name of paragraphs through whom made:				
Organization Skyway Precision, Inc.		Name of person(s) through whom made:				
Trade Name, if any	Name William Mitchell					
P.O. Box, Bldg., Room No., if any			Name			
Street 41225 Plymouth Rd.			Name			
City Plymouth			Name			
State Michigan	ZIP Code + 4 48150	Name				
	Signa	itures				
Each of the undersigned declares, und the information contained in any accor true, correct, and complete. (See Sect	der penalty of perjury and other applicable mpanying documents) has been examined ion of the penalties in the instructions.)	penatties of la by the signate	w, that all of the informati ory and is, to the best of the	on submitted in this re ne undersigned's know	eport (including vledge and belief,	
13. Signed President (If other title, see		14. Signed			Treasurer (If other title, see	
Title Executive Directo	r instructions)	Title	Treasurer		Instructions)	
2/14/2010	14 201 4420	2 :				
	14 281-4428	On	Date	Tolophone Number		
Date	Telephone Number		Date	Telephone Number		

Filer Russ Brown Russ Brown Associates	File Number C-				
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:					
F-71					
a. To persuade employees to exercise or not to exercise, or persuade en collectively through representatives of their own choosing.	aployees as to the manner of exercising, the right to organize and bargain				
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.):					
The oral agreement is that Russ Brown Associates will conduct information meetings with employees to inform them of their rights under the National Labor Relations Act in an NLRB conducted election.					
	أحيانا والمتاب				
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instructions):					
a. Nature of activity:					
To inform employees of their rights to either accept or reject union representation in a free and fair NLRB conducted election.					
11.b. Period during which performed:	11.c. Extent performed:				
3/12/07 to 7/1/07	Completed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Marty Nystrom	Name David Acosta				
Organization Russ Brown Associates	Organization Russ Brown Associates				
P.O. Box, Bldg., Room No., if any Suite 509	P.O. Box, Bldg., Room No., if any Suite 509				
Street 18530 Mack Ave.	Street 18530 Mack Ave				
City Grosse Pointe Farms	City Grosse Pointe Farms				
State Michigan ZIP Code + 4 48236	State Michigan ZIP Code + 4 48236				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Production and Maintenance employees.	United Auto Workers Union				