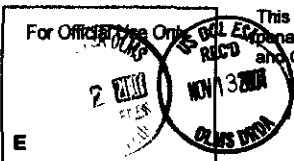


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

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-435 338763

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Russ Brown</u> Title <u>President</u> Organization <u>Russ Brown Associates</u> P.O. Box, Bldg., Room No., if any <u>233</u> Street <u>5753-G E. Santa Ana Cyn Rd.</u> City <u>Anaheim</u> State <u>California</u> ZIP Code + 4 <u>92807</u>	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: <u>Dec</u> / <u>07</u>	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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 Organization <u>Coreslab Structures</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>802 Allied Rd.</u> City <u>LaPlatte</u> State <u>NE</u> ZIP Code + 4 <u>68123</u>	7. Date entered into: <u>7</u> / <u>26</u> / <u>2007</u> 8. Name of person(s) through whom made: Name <u>Holly Griener</u> 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 <u>[Signature]</u> Title <u>President</u> On <u>9/28/2007</u> <u>714 281-4428</u> Date Telephone Number	14. Signed _____ Title <u>Treasurer</u> On <u>007 1</u> <u>2007</u> Date Telephone Number	Treasurer (If other title, see instructions)
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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.):

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 the NLRB election.

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:

7/26/07 - 8/17/07

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Marty Nystrom

Organization Russ Brown Associates

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

Street 18530 Mack Ave., Suite 509

City Grosse Pointe Park

State MICHIGAN ZIP Code + 4 48236

Additional Name and address through whom performed, if any:

Name Shade Zebib

Organization 18530

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

Street 18530 Mack Ave., Suite 509

City Grosse Pointe Park

State MICHIGAN ZIP Code + 4 48236

12.a. Identify subject groups of employees:

All Production and Maintenance Employees

12.b. Identify subject labor organizations:

Laborers International Union