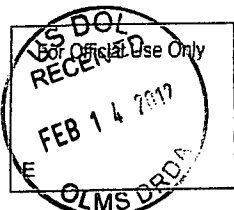


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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



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.

473451

1. File Number: C-547

Person Filing

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

Name
Employee Relations Services Int'l
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
P O Box 18122
City
Anaheim Hills, CA
State
CA 92817-9998
ZIP Code + 4

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:

12 / 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
Marty Ready
Organization
SAIA
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street
11465 Johns Creek Parkway #400
City
Duluth, GA 30097
State
ZIP Code + 4

7. Date entered into:

08 / 11 / 2011

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

Name
Marty Ready
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

Theresa Fung

President
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On

12/1/2011

Date

714 998-7199

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 ~~XX~~ 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.):

Held employee meetings to inform them on their section 7 rights and to answer questions pertaining to unions.

Specific Activities to be Performed

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

a. Nature of activity:

Held meetings with employees, showed videos and informed them on union. Used union documentation for Q & A session.

11.b. Period during which performed:

8/11/11 — 9/01/11

11.d. Name and address through whom performed:

Name

Gus Flores

Organization Emp Relations Serv

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

Street

City Same as page 1

State ZIP Code + 4

11.c. Extent performed:

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:

12.b. Identify subject labor organizations: