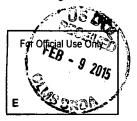
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66018		
Person Filing		
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:	
Name Charles R Stephenson	Name	
Title Member	Title	
Organization CRS Labor Relations Solutions	Organization	
P.O. Box, Bldg., Room No., if any Suite M	P.O. Box, Bldg., Room No., if any	
Street 1500 E. Katella Ave.	Street	
City Orange	City	
State California ZIP Code + 4 92867	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec / 31 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):	7. Date entered into: 10 / 15 /12	
Name Frances Chiang		
Organization	8. Name of person(s) through whom made:	
Trade Name, if any North Star Technology	Name	
P.O. Box, Bldg., Room No., if any	Name	
Street 32-C-Mauchly	Name	
City Irvine	Name .	
State California ZIP Code + 4 92618-2366	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 or penalties in the instructions.)		
13. Signed Multi Sugherson President (If other title, see	14. Signed Treasurer (If other title, see	
Title Other (Specify) instructions)	Title Treasurer instructions)	
Member		
on 1-26-15 95+3/6-1032	On	
Date Telephone Number	Date Telephone Number	

Filer: Charles Stephenson CRS Labor Relations Solut	File Number C- 66018	
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.		
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10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):		
Daily Rate		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively		
11.b. Period during which performed:	11.c. Extent performed:	
various days beginning 10/15/12	Fully Performed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street	Street	
City	City	
State ZIP Code + 4	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
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