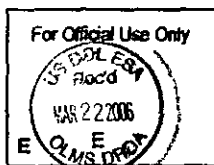


FORM LM-20

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-447

Person Filing	
2. Name and mailing address (include ZIP Code): Name Norman S. Burr Title Owner/Manager Organization Burr & Associates P.O. Box, Bldg., Room No., if any Street 9059 SW Reiling Street City Tigard State Oregon ZIP Code + 4 97224-5783	3. Any other address where records necessary to verify this report are kept: Name Title n/a 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: Sole Proprietor a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Sound Utilities, Inc. Organization Trade Name, if any P.O. Box, Bldg., Room No., if any Street 1405 Central Avenue, South City Kent State Washington ZIP Code + 4 98032	7. Date entered into: February / / 2006 8. Name of person(s) through whom made: Name Craig Bowes 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>Norman S. Burr</u> Title President Owner/Manager On <u>3/13/06</u> Date <u>503-620-4538</u> Telephone Number	14. Signed <u>n/a</u> Title Treasurer On _____ Date _____ Telephone Number
--	--

Filer:	File Number C-
--------	----------------

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 in #6

There is no formal, written 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 & address issues; advise client on their legal rights and obligations so they do not violate the Act; research publications for information re: the Union; draft campaign literature for the client's approval; meet with the employees to provide information

11.b. Period during which performed:
February 2006

11.c. Extent performed:
March 2006

11.d. Name and address through whom performed:

Name Norman S. Burr

Organization

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

Street address above in #2

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:

Laborer's bargaining unit employees

12.b. Identify subject labor organizations:

Laborers Local No. 440