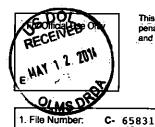
U.S. Department of Labor Office of Labor-Management Standards: Washington, DC 20210

ر. د د

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Denote Fillion				
Person Filing 2. Name and mailing address (include 7	IB Code):	2 Annual Control	and the second second	
2. Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:		
Name		Name		
,Title		Title		
Organization Pacific Labor Relations		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bidg., Room No., if any		
Street 8086 South Yale Avenue Suite 225		Street		
City Tulsa		City		
State Oklahoma	ZIP Code + 4 74136	State Z	IP Code + 4	
4. Date fiscal year ends:	5. Type of person:			
Dec / 31	a. Individual b. Partnership	idual b. Partnership c. Corporation d. Other (Specify): LLC		
Nature of Agreement or Arrangement				
Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:		
Name		5 / 1 / 2013		
Organization Guam Industrial Services, Inc.		8. Name of person(s) through whom made:		
Trade Name, if any Guam Shipyard		Name Mathews Pothen		
P.O. Box, Bldg., Room No., if any P.O. Box 13010 (Naval)		Name		
Street Building 20 COMNAVNAR		Name		
City Santa Rita, GUAM		Name .		
State State	State ZIP Code + 4 96915-3010 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	President (If other title, see	14. Signed	Treasurer (If other title see	
Title President	instructions)	Title Treasurer	(If other title, see instructions)	
On 01/02/2014 800	0.555.7509	On 01/02/2014 800.55	5.7509	
Date :	Telephone Number		hone Number	
om i M-20 (2003)				

Pacific Labor Relations	File Number C- 65831			
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.):				
Oral Agreement ~ \$3000.00 per day for 5 days consulting				
Specific Activities to be Performed				
For each activity, separately list in detail the information required (See instruct)	ions):			
a. Nature of activity:				
Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.				
11.b. Period during which performed: Beginning on or about 05/01/2013	11.c. Extent performed: Pully Performed			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name	Name			
Organization Pacific Labor Relations	Organization			
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No./if any			
Street 8086 South Yale Avenue Suite 225	Street			
City Tulsa	City			
State Oklahoma ZIP Code + 4 74136	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All employees eligible to vote in the bargaining unit.	International Brotherhood of Electrical Workers Local 1260			
1				
i				