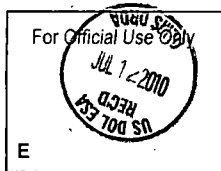


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

431799

1. File Number: C- 00386

Person Filing	
2. Name and mailing address (include ZIP Code): Name Patti L Grant Title Secretary Organization Preventive Personnel Mgmt of Oregon, Inc P.O. Box, Bldg., Room No., if any PO Box 547 Street City Lake Oswego State Oregon ZIP Code + 4 97034	3. Any other address where records necessary to verify this report are kept: Name n/a Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: Dec / 10	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 Steve Haft Organization Columbia Distributing Co Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. Date entered into: 6 / 25 / 2010 8. Name of person(s) through whom made: Name Steve Haft 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 *Kerlyn Zografos* President
(If other title, see instructions)
Title President

14. Signed *Patti L Grant* Treasurer
(If other title, see instructions)
Title Treasurer

On 7-7-10
Date Telephone Number

On 7-7-10 503 699-1300
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 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.):

\$245 per hour consulting fee

Specific Activities to be Performed

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

a. Nature of activity:

Persuader activity as described in 9(a) above, including meetings with employees

11.b. Period during which performed:

July 2010

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Todd A Lyon

Organization Preventive Personnel Mgmt of Oregon, Inc.

P.O. Box; Bldg., Room No., if any PO Box 547

Street

City Lake Oswego

State Oregon ZIP Code + 4 97034

Additional Name and address through whom performed, if any:

Name n/a

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

drivers and warehousemen

12.b. Identify subject labor organizations:

Teamsters Local 38