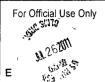
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 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. 1. File Number: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Rebecca M Smith Name Title Organization Taltos Consulting, Inc Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any 1474 Lodge pole Dr. Street Henderson City ZIP Code + 4 89014 State ZIP Code + 4 State 5. Type of person: 4. Date fiscal year ends: a Individual b. Partnership c. Corporation d. Other (Specify): 12/2010 Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 0/17/10 Hawkins Name 8. Name of person(s) through whom made: Organization Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 12634 South 265 East Name Draper City Name ZIP Code + 4 84020 State 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 genalties in the instructions.) 13. Signed 1<sub>President</sub> 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title on 8-4-10 702-494-8416 On

Telephone Number

<del>-</del>	
Filer Respoca M. Smith	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.):	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: employee meetings	
, ,	
11.b. Period during which performed:	11.c. Extent performed:
2-17-10 4/2 3-15-10	Direct Persuasion
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Phil Wilson	Name
Organization LRI	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street	Street
city Broken Arrow	City
State OK ZIP Code + 4 89014	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Drivers, Warehouseman, Service Techs	TBT
Service Techs	