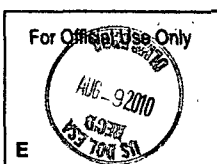


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

433330

1. File Number: C- 662

Person Filing	
2. Name and mailing address (include ZIP Code): Name Ken Cannon Title Owner Organization Cannon Labor Relations Consulting, LLC P.O. Box, Bldg., Room No., if any Street 2207 Ballantrae Dr City Colleyville State Texas ZIP Code + 4 76034	3. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 Kerry Cole Organization Trinity Structural Towers Trade Name, if any P.O. Box, Bldg., Room No., if any Street 2525 Stemmons Freeway City Dallas State Texas ZIP Code + 4 75207	7. Date entered into: 7 / 23 / 2010 8. Name of person(s) through whom made: Name Pat Wallace Name Kerry Cole 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 Kerry Cole
Title Other (Specify)
Owner

President
(If other title, see
instructions)

14. Signed _____
Title Treasurer

Treasurer
(If other title, see
instructions)

On 7/30/2010 972-670-6159
Date Telephone Number

On _____
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.):

Train managers and supervisors what they can and cannot do during a union organizing campaign. Keep managers and supervisors at all levels informed on the campaign. Develop the strategy for the company's campaign.

Meet with all employees to inform them on what unions can and cannot do once the union becomes their representative for all matters pertaining to hours, wages and working conditions.

Specific Activities to be Performed

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

a. Nature of activity:

Develop talking points for President of Trinity Towers which he will use when meeting with his employees. These talking points must be carefully crafted so as not to violate employee rights during the campaign.

Attend all employee meetings with President of Trinity Structural Towers to ensure when he is responding to questions or issues that may come up during the meeting, he does not violate employee rights with his responses.

11.b. Period during which performed:

July 2010 - August 2010

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Kerry Cole
 Organization Trinity Structural Towers
 P.O. Box, Bldg., Room No., if any
 Street 2525 Stemmons Freeway
 City Dallas
 State Texas ZIP Code + 4 75207

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:

All hourly employees working at Trinity Structural Tower's facility in Newton, Iowa.

12.b. Identify subject labor organizations:

I.B.E.W. Local 347 out of Des Moines, Iowa