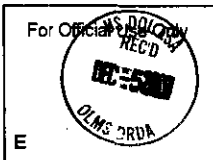


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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.

338732

1. File Number: C- 636

Person Filing	
2. Name and mailing address (include ZIP Code): Name Steven A Beyer Title Partner Organization The Crossroads Group P.O. Box, Bldg., Room No., if any Street 63 Via Pico Plaza, Suite 505 City San Clemente State California ZIP Code + 4 92672	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 type="checkbox"/> Individual b. <input checked="" 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 Vincent J McGarvey Organization Cinram Trade Name, if any P.O. Box, Bldg., Room No., if any Street 400 Sanford Road City Laverne State Tennessee ZIP Code + 4	7. Date entered into: 5 / 14 / 2007 8. Name of person(s) through whom made: Name Vincent J McGarvey 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>Steven A Beyer</u>	President (If other title, see instructions)	14. Signed <u>Michael Dana Penn</u>	Treasurer (If other title, see instructions)
Title Other (Specify) Partner		Title Other (Specify) Partner	
On 11/01/2007	(949) 248-0884	On 11/01/2007	(818) 999-5632
Date	Telephone Number	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.):

Payment of a fixed fee of \$7,000.00. Any additional services, or additional meetings requested, are to be paid at an hourly rate of \$325.00 per hour, plus reasonable and customary expenses.

Specific Activities to be Performed

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

a. Nature of activity:

To advise employees of: the potential risks associated with union representation and collective bargaining; employee rights under the National Labor Relations Act; and persuade employees to avoid union representation.

11.b. Period during which performed:

5/16/2007 - 5/17/2007

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Steven A Beyer

Organization The Crossroads Group

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

Street 63 Via Pico Plaza, Suite 505

City San Clemente

State California ZIP Code + 4 92672

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 non-union production employees at the Employer's Richmond, IN location.

12.b. Identify subject labor organizations:

International Brotherhood of Electrical Workers, LU 2043 (Richmond, IN)