

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. 1245-0003 Expires 07-31-2019



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00633		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name Steven A Beyer	Name	
Title Partner	Title	
Organization The Crossroads Group	Organization	
P.O. Box, Bldg., Room No., if any 505	P.O. Box, Bldg., Room No., if any	
Street 63 Via Pico Plaza	Street	
City San Clemente	City	
State California ZIP Code + 4 92672	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec a Individual b. X Partnership	c. Corporation d. Other (Specify):	
Nature of Agreement or Arrangement		
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:	
Name Dave Charron	9 / 9 / 2016	
Organization Capstone Logistics, LLC	8. Name of person(s) through whom made:	
Trade Name, if any	Name Dave Charron	
P.O. Box, Bldg., Room No., if any 520	Name Todd Bilovus	
Street 6525 The Corners Parkway	Name	
City Peachtree Corners	Name	
State Georgia ZIP Code + 4 30092	Name	
Signatures		
true, correct, and demplete. (See Section VII on penalties in the instructions.)  13. Signed President (If other title, see	d by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed Treasurer (If other title, see	
Title Other (Specify) instructions)  Partner	Title Other (Specify) instructions)  Partner	
On 1/6/2017 (949) 248-0884 Telephone Number	On O1/10/17 (818) 999-5632  Date Telephone Number	
Date Telephone Number	Cate Telephone Hamber	



Filer: Steven Beyer	File Number C-	
O Check the appropriate houte indicate whether on chiral the admitted was designed in directly as indicate.		
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 on a fee-for-service basis at an hourly rate of \$350.00 per hour, plus reasonable and customary expenses.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity:	ions):	
To assist the employer with their communication eff and furnish them with information regarding third-p		
11.b. Period during which performed:	11.c. Extent performed:	
9/13-15/2016  11.d. Name and address through whom performed:	Complete  Additional Name and address through whom performed, if any:	
Name Miko A Penn	Name	
Organization The Crossroads Group		
	Organization	
P.O. Box, Bldg., Room No., if any 505	P.O. Box, Bldg., Room No., if any	
Street 63 Via Pico Plaza	Street	
City San Clemente	City	
State California ZIP Code + 4 92672	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Loaders/Unloaders at the Employer's facility in Quincy, Florida	IBT and other labor organizations generally	

Form LM-20 (2003) Page 2 of 2