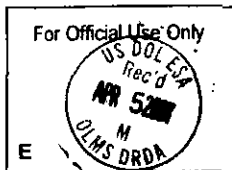


FORM LM-20

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.

1. File Number: C- 00616 **325250**

Person Filing	
2. Name and mailing address (include ZIP Code): Name Brent W Yessin Title President Organization Employee Advocates, Inc. P.O. Box, Bldg., Room No., if any P.O. Box 8814 Street City Longboat Key State Florida ZIP Code + 4 34228	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 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 Organization Edwin Keller Bus Service, Inc. Trade Name, if any P.O. Box, Bldg., Room No., if any Street 4426 Gallant Green Rd City Waldorf State Maryland ZIP Code + 4 20601	7. Date entered into: 3 / 1 / 2006 8. Name of person(s) through whom made: Name Name 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 [Signature] President
(If other title, see instructions)
Title President

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 3/1/06
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.):

Employee Advocates will have various consultants working at \$100 per hour, for training and education of the workforce by various consultants as needed by client.

Specific Activities to be Performed

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

a. Nature of activity:

To educate Edwin Keller Bus Service, Inc. transportation operations employees/bus drivers about their rights under the National Labor Relations Act to form, join or assist labor organizations to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so. To enhance the business literacy of the workforce and encourage employees to be informed and to vote.

11.b. Period during which performed:

3/1/2006

11.c. Extent performed:

Completed by 3/15/06

11.d. Name and address through whom performed:

Name Jose Salgado

Organization Employee Advocates, Inc

P.O. Box, Bldg., Room No., if any PO Box 8814

Street

City Longboat Key

State Florida

ZIP Code + 4 34228

Additional Name and address through whom performed, if any:

Name James Strong

Organization Employee Advocates, Inc.

P.O. Box, Bldg., Room No., if any PO Box 8814

Street

City Longboat Key

State Florida

ZIP Code + 4 34228

12.a. Identify subject groups of employees:

Motorcoach Operators, School Bus Driver
Mechanics.

12.b. Identify subject labor organizations: