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 11-30-2006



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.

Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address: where records necessary to verify this report are kept: Name Marta De loa Rios Name Title Office Manager Title Organization Labor Information Services, Inc. Organization Organ	Z MS DIO	
2. Name and mailing address (include ZIP Code): Name Marta De los Rios Title Office Manager Organization Labor Information Services, Inc. P.O. Box, Bldg., Room No., if any PO Box 6063 P.O. Box, Bldg., Room No., if any Street City Malibu State California ZIP Code + 4 90265 State ZIP Code + 4 4. Date fiscal year ends: Dec / 8 a Individual b Partnership c Corporation d Other (Specify): Name Dan Speck Organization Valley Freightliner, Inc. Trade Name, if any Street State Name Name Name Name Name Street Signatures Each of the undersigned declares, under penalty of perium of the information submitted in this report (including life) by the signatory and is, to the best of the undersigned's knowledge and belief, time, correct, and complete. (See Section VII on penalties in the instructions) Title President in President (Include Signature) Title President in Argument in Argument (Include Signature) Title President in Argument in Argument (Included Signature) Title President in Argument (Including Including Signature) Title President (Including Section VII on penalties in the instructions) Title President (Including Including Section VII on penalties in the instructions) Title President (Including Including	1. File Number: C- 00464 364278	
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	Title President	Title Other (Specify)
Date Telephone Number Date Telephone Number	On 7/10/2008 310-589-5225	On 7/10/2008 310-589-5225
	Date Telephone Number	Date Telephone Number

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Filer: Marta De los Rios Labor Information Services,	Inc. File Number C- 00464	
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 artificial proceeding or a criminal or civil judicial proceeding.		
40 Towns and any like or (Forbir in data), and including Million appropriate	must be attached \:	
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): Starting June 22, 2008 until the assignment ends (no date has been determined), our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of signing authorization cards and voting in the upcoming election. There is no maximum of hours allocated to this work assignment. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.		
11.b. Period during which performed:	11.c. Extent performed:	
6/22/08 until end of assignment	On-going	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Jim Anderson	Name	
Organization Labor Information Services, Inc.	Organization Labor Information Services, Inc.	
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Rcom No., if any PO Box 6063	
Street	Street	
City Malibu	City Malibu	
State California ZIP Code + 4 90264	State California ZIP Code + 4 90264	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All reting employees in the bargaining unit		