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.

658201

DROP	
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 Michael D Penn	Name
itle Partner	Title
Organization The Crossroads Group	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
street 63 Via Pico Plaza, Suite 505	Street
City San Clemente	City
State California ZIP Code + 4 92672	State ZIP Code + 4
lature of Agreement or Arrangement	
Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:
lame Josh Hiatt	11 / 3 / 2017
Organization Capstone Logistics, LLC	8. Name of person(s) through whom made:
rade Name, if any	Name Josh Hiatt
P.O. Box, Bldg., Room No., if any Suite 520	Name
Street 6525 The Corners Pkwy.	Name
City Peachtree Corners	Name
tate Georgia ZIP Code + 4 30092	Name
S	ignatures
Each of the undersigned declares, under penalty of perjury and other applicate information contained in any accompanying documents) has been examined, correct, and complete. (See Section VII on penalties in the instructions) 3. Signed Muhal Dava Personal President (If other title, see instructions)	14. Signed Treasurer (If other title, sinstructions)
Partner	Title Partner
On 11/14/2017 818-999-5632	on 11/20/2017949-248-0884
Date Telephone Number	Date Telephone Number

9	2. 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 the hourly rate of \$375.00 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 assist the Employer in advising its employees of their Section 7 rights and to furnish them with information regarding third-party representation

11.b. Period during which performed: 11/05 - 11/11/2017	11.c. Extent performed: Completed
11.d. Name and address through whom performed: Name Michael D Penn Organization The Crossroads Group P.O. Box, Bldg., Room No., if any Street 63 Via Pico Plaza, Suite 505 City San Clemente	Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City
State California ZIP Code + 4 92672 12.a. Identify subject groups of employees: All employees employed by the Employer at their warehouse locations at 702 Bandley Drive and 11025 Charter Oak Ranch Road in Fountain, CO	State ZIP Code + 4 12.b. Identify subject labor organizations: IBT Local 455 and labor unions in general

Form LM-20 (2003)