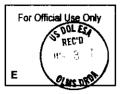
LLS. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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.

1. File Number: C- 00464 3251 64				
Person Filing 2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:			
- ·	Name			
Name Marta De los Rios	Name			
Title Office Manager	Title			
Organization Labor Information Services, Inc.	Organization			
P.O. Box, Bldg., Room No., if any po Box 6063	P.O. Box, Bldg., Room No., if any			
Street	Street			
City Malibu	City			
State California ZIP Code + 4 90265	State ZIP Code + 4			
4. Date fiscal year ends: 5. Type of person:				
Dec / 4 a. Individual b. Partnership c. Corporation (I. Other (Specify):				
Nature of Agreement or Arrangement				
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 1 / 18 / 2007			
Name Kevin paly				
Organization Bozzuto's, Inc.	8. Name of person(s) through whom made:			
Trade Name, if any	Name Kevin Daly			
P.O. Box, Bldg., Room No., if any	Name			
Street 275 Schoolhouse Road	Name			
City Cheshire	Name			
State Connecticut ZIP Code + 4 06410	Name			
Signatures				
Each of the undersigned declares, under penalty of perjury and other applic	cable penalties of law, that all of the information submitted in this report (including			
true, correct, and complete. (See Section VII on penalties in the instructions	nined by the signatory and is, to the best of the undersigned's knowledge and belief, s.)			
13. Signed President	14. Signed William Dalos Treasurer			
(If other title, see	e (If other title, see			
Title President	Title Other (Specify) instructions)			
	Office Manager			
On 02/27/2007 310-589-5225	On 02/27/2007 310-589-5225			
Date Telephone Number	Date Telephone Number			

			· · · · · · · · · · · · · · · · · · ·
Filer: Marta De los Rios	Labor Information Services, Inc	. Fi	le Number C- 00464
Check the appropriate box to indi	cate whether an object of the activities undertaken,	is directly or indirectly:	
a. To persuade employees to collectively through repre	o exercise or not to exercise, or persuade employed sentatives of their own choosing.	es as to the mariner of exer	rcising, the right to organize and bargain
	th information concerning the activities of employee formation for use solely in conjunction with an admi		
10. Terms and conditions (Explain in	detail; see instructions. Written agreements must t	e attached.):	
Starting 1/18/07 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 i	n 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:		
1/18/07 until end of assignment	On-going		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Henry Desch	Name Brad Moss		
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., Room 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 voting employees in the bargaining unit.			