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 09-30-2011



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: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: David C Acosta Name Name President/Treasurer Title Title Organization Redstone Enterprises Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 5415 E Willowick Circle Street City Anaheim City ZIP Code + 4 92807 ZIP Code + 4 State California State 4. Date fiscal year ends: 5. Type of person: Dec Corporation d Individual b. Partnership c. Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 21 / 2010 Name 8. Name of person(s) through whom made: Organization Multiband Name Kent Whitney Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 22515 Heslip Name City Novi Name ZIP Code + 4 48375 State Michigan 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 President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Treasurer Title 12/31/2010 714-306-2229 12/31/2010 714-306-2229 On

Date

Date

Telephone Number

Telephone Number

Filer David Acosta Redstone Enterprises		File Number C-
	-	
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.): Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively according to the Guide to the Labor Relations Act of 1935. Terms of billing are \$187.50 per hour plus expenses.		
		•
		· · ·
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct	ions):	
a. Nature of activity: To provide consultation and to give speeches based 1935 to employees regarding their rights to organize		
1933 to employees regarding cheff rights to organiz	le and bargain coire	.ccivciy.
	•	•
	11 a Extent performed	
11.b. Period during which performed:	11.c. Extent performed:	ownlated
11.b. Period during which performed: varios days from 2/8 to 3/31/2011	11.c. Extent performed: Activity was c	ompleted
varios days from 2/8 to 3/31/2011	Activity was c	ompleted ss through whom performed, if any:
	Activity was c	
varios days from 2/8 to 3/31/2011	Activity was c	
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name	Activity was o	
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed:	Activity was o	
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name	Activity was of Additional Name and address Name Organization	ss through whom performed, if any:
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name	Activity was conditional Name and address	ss through whom performed, if any:
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI	Activity was of Additional Name and address Name Organization	ss through whom performed, if any:
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bldg., Room No., if any	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No.,	ss through whom performed, if any:
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street	if any
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization I.RI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street	ss through whom performed, if any:
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street City State	if any ZIP Code + 4
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bidg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street City	if any ZIP Code + 4
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street City State	if any ZIP Code + 4
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 12.a. Identify subject groups of employees: Instalation technicians, warehouse employees, and	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street City State 12.b. Identify subject labor	if any ZIP Code + 4
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 12.a. Identify subject groups of employees: Instalation technicians, warehouse employees, and	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street City State 12.b. Identify subject labor	if any ZIP Code + 4
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 12.a. Identify subject groups of employees: Instalation technicians, warehouse employees, and	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street City State 12.b. Identify subject labor	if any ZIP Code + 4
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 12.a. Identify subject groups of employees: Instalation technicians, warehouse employees, and	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street City State 12.b. Identify subject labor	if any ZIP Code + 4
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 12.a. Identify subject groups of employees: Instalation technicians, warehouse employees, and	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street City State 12.b. Identify subject labor	if any ZIP Code + 4
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 12.a. Identify subject groups of employees: Instalation technicians, warehouse employees, and	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street City State 12.b. Identify subject labor	if any ZIP Code + 4
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 12.a. Identify subject groups of employees: Instalation technicians, warehouse employees, and	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street City State 12.b. Identify subject labor	if any ZIP Code + 4
varios days from 2/8 to 3/31/2011 11.d. Name and address through whom performed: Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 12.a. Identify subject groups of employees: Instalation technicians, warehouse employees, and	Activity was of Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street City State 12.b. Identify subject labor	if any ZIP Code + 4