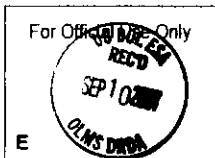


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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.

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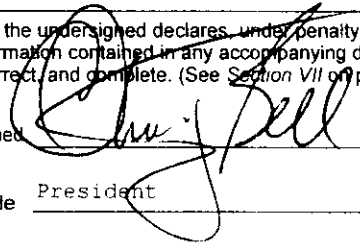
1. File Number: C-630

Person Filing	
2. Name and mailing address (include ZIP Code): Name Olivia Bell Title Office Manager Organization Oliver J. Bell & Associates P.O. Box, Bldg., Room No., if any Suite 350, Box 344 Street 12400 HWY 71 West City Austin State Texas ZIP Code + 4 78738	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 Hertz Corporation Trade Name, if any P.O. Box, Bldg., Room No., if any Street 225 Brae Blvd City Park Ridge State New Jersey ZIP Code + 4 07656	7. Date entered into: 8 / 1 / 2007 8. Name of person(s) through whom made: Name Louis Franzesi Name Name Name

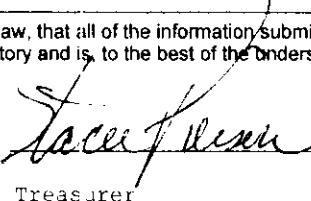
Signatures

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 

Title President

President
(If other title, see instructions)

14. Signed 

Title Treasurer

Treasurer
(If other title, see instructions)

On Aug 30, 2007 512.306.1231
Date Telephone Number

On Aug 30, 2007 512.306.1231
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.):

To provide information to employees on labor relations issues. Meet with small groups employees up to 4 hours per week to communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization. There was no written agreement.

Specific Activities to be Performed

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

a. Nature of activity:

To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization.

11.b. Period during which performed:

August 1 - August 16, 2007

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Oliver Bell

Organization Oliver J. Bell & Associates, Inc.

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

Street 12400 HWY 71 West

City Austin

State Texas

ZIP Code + 4 78738

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees

Dispatch staff in Nashville, TN.

12.b. Identify subject labor organizations: