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 11-30-2009



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.

|  |   | 100               | - 1 ho at he   |  |                          |           |                                   |               |  |
|--|---|-------------------|----------------|--|--------------------------|-----------|-----------------------------------|---------------|--|
| 1. File Numb   | ber: C- 634   | 633               | 34084          | <u> </u>   |                          |           |                                   |               |  |
|  |   |                   |                |  |                          | ····      | <del></del>                       |               |  |
| Person Fi  |   | 1                 |                | 2 Amu attac  |                          |           | la manage to travit, this         |               |  |
| 2. Name and mailing address (include ZIP Code):  |   |                   |                | 3. Any other address where records necessary to verify this report are kept: |                          |           |                                   |               |  |
| Name Steven A Beyer  |   |                   |                | Name   |                          |           |                                   |               |  |
| Title Partner  |   |                   |                | Title  |                          |           |                                   |               |  |
| Organization The Crossroads Group  |   |                   |                | Organization   |                          |           |                                   |               |  |
| P.O. Box, Bidg., Room No., if any  |   |                   |                | P.O. Box, Bidg., Room No., if any  |                          |           |                                   |               |  |
| Street 63  | Street 63 Via Pico Plaza, Suite 505                                     |                   |                |  | Street                   |           |                                   |               |  |
| City San Clemente  |   |                   |                | City   |                          |           |                                   |               |  |
| State Cal  | ifornia   | ZIP Code + 4      | 92672          | State  |                          |           | ZIP Code + 4                      |               |  |
| 4. Date fise   | cal year ends:  | 5. Type of persor | 1:             |  |                          |           | · ·                               |               |  |
| Dec  | 31  | a. Individual     | b. Partnership | c. Corpe   | oration (                | Other (S  | pecify):                          |               |  |
|  |   |                   |                |  |                          |           |                                   |               |  |
| Nature of Agreement or Arrangement   |   |                   |                |  |                          |           |                                   |               |  |
| 6. Full nam  | 6. Full name and address of employer with whom made (include ZIP Code): |                   |                |  | 7. Date entered into:  8 |           |                                   |               |  |
| Name Ed Dainko   |   |                   |                |  |                          |           |                                   |               |  |
| Organization Hub Construction Specialties, Inc.  |   |                   |                | Name of person(s) through whom made:   |                          |           |                                   |               |  |
| Trade Name, if any   |   |                   |                | Name Ed Dainko   |                          |           |                                   |               |  |
| P.O. Box, Bldg., Room No., if any  |   |                   |                | Name   |                          |           |                                   |               |  |
| Street 379 South I Street  |   |                   |                | Name   |                          |           |                                   |               |  |
| City San Bernardino  |   |                   |                |  |                          |           |                                   |               |  |
| State Cal  | ifornia   | ZIP Code + 4      | 92410          | 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 cyntained 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   | 13. Signed President (If other title, see                               |                   | 14. Signed     |  |                          |           | Treasurer<br>(If other title, see |               |  |
| Title  | Other (Specify  | )                 | instructions)  | Title  | Other                    | (Specify) | ·                                 | instructions) |  |
|  | Partner   |                   |                |  | Partne                   | r         |                                   |               |  |
| On   | 11/02/2007  | (949)248-0884     |                | On   | 11/02/2007 (818)999-563  |           | (818) 999-5632                    |               |  |
|  | Date  | Telephone Number  | <del></del>    |  | Date                     |           | Telephone Number                  |               |  |
|  |   |                   |                |  |                          |           |                                   |               |  |

| Filer: Steven Beyer The Crossroads Group   |   | File Number C- |  |  |  |  |  |  |
|--|---|----------------|--|--|--|--|--|--|
|  |   |                |  |  |  |  |  |  |
| 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or in:lirectly:   |   |                |  |  |  |  |  |  |
| 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 artifical 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 an hourly rate of \$300.00 per hour, plus reasonable and customary expenses.   |   |                |  |  |  |  |  |  |
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|  |   |                |  |  |  |  |  |  |
| Specific Activities to be Performed  |   |                |  |  |  |  |  |  |
| 11. For each activity, separately list in detail the information required (See instruction)  | ons):   |                |  |  |  |  |  |  |
| a. Nature of activity:   |   |                |  |  |  |  |  |  |
| To persuade employees to reject union representation and vote YES in an RD election.   |   |                |  |  |  |  |  |  |
|  |   |                |  |  |  |  |  |  |
|  |   |                |  |  |  |  |  |  |
|  |   |                |  |  |  |  |  |  |
| 11.b. Period during which performed:   | 11.c. Extent performed:                                     |                |  |  |  |  |  |  |
| 8/19/2007 to Present   | Ongoing   |                |  |  |  |  |  |  |
| 11.d. Name and address through whom performed:   | Additional Name and address through whom performed, if any: |                |  |  |  |  |  |  |
| Name Doug Muir   | Name  |                |  |  |  |  |  |  |
| Organization   | Organization  |                |  |  |  |  |  |  |
| P.O. Box, Bldg., Room No., if any  | P.O. Box, Bidg., Roo n No., if any                          |                |  |  |  |  |  |  |
| Street 20610 Tribune Street  | Street  |                |  |  |  |  |  |  |
| City Chatsworth  | City  |                |  |  |  |  |  |  |
| State California ZIP Code + 4 91311  | State   | ZIP Code + 4   |  |  |  |  |  |  |
| 12.a. Identify subject groups of employees:  | 12.b. Identify subject labor organizations:                 |                |  |  |  |  |  |  |
| Class A & Class B Truck Drivers; Warehousemen; Yardmen; Countermen; and Working Foremen.   | International Brotherhood of Teamsters, LU 63 (Rialto, CA)  |                |  |  |  |  |  |  |
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