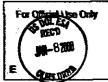
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## 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 DISTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

. File Number: c613	34092	3		
Person Filing				
2. Name and mailing address (includ	le ZIP Code):	3. Any other address where records necessary to verify this report are kept.		
Name REGINALD 2.	Ankerbrung	Name		
Title PRINCIPAL		Title		
Organization HR COUNT		Organization		
P.O. Box, Bidg., Room No., if any	-	P.O. Box, Bldg., Roos: No., if any		
Street 33 Belvidene ST.		Street		
city NAZANETH		City		
State D4	ZIP Code +4 15064	State ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:			
/	a. Individual b. Partnership	c. Corporation d. Other (Specify):		
lature of Agreement or Amangen	nent .			
	er with whom made (include ZIP Code):	7. Date entered into:		
tame GRONGE RENTE		12/27/07		
prosmization AMERICAN 4	Ullwork & CABINETRY	8. Name of person(s) I trough whom made:		
rade Name, if any	,	Name GEONGE REITZ		
		Name		
P.O. Block, Bildg., Room No., if any Street JUO BLOAD ST		Name		
in Emmans		Page IRC		
		Name		
State PA	ZIP Code + 4 1 fores	Name ,		
	<del></del>	etures		
he information contained in any acc	inder penalty of perjusy and other applicable companying documents) has been examine action $VII$ on penalties in the instructions.)	e penalties of law, that all of the information submitted in this report (including d by the signatury and is, to the best of the undersigned's knowledge and belief,		
3. Signed	President (If other title, see	14. Signed Treasurer		
Title Fresident	(in union unit, see	Treasurer  Treasurer  Treasurer		
on 12/20/00	(210) 75-9 EV	On		
Date	Telephone Number	Date Telephone Number		
<del></del>	-			

File Number C-

<ol><li>Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:</li></ol>				
	9. Check the appropriate be	ox to indicate whether an of	siect 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 artial all proceeding or a criminal or civil judicial proceeding.

## 10. Terms and conditions (Explain in detail: see instructions. Written agreements must be attached.):

TO ASSET AMERICAN Will waite with Herry Resources Services TO Include Onlyweat Aud T, Improvement and To know DE Expertise Dunin The Ollywiz ATTONAL CAMPTION WITH LOCAL 35-9 UBC. PALLA, PA.

## Specific Activities to be Performed

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

TO ASSIST IN ARIBINA PENSUADE Exployees TO COTE NO DEMINI TAG REDIESENTATION ELECTION

11.b.	Period	during	which	performed:
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11/27/07 MALL APPROX 1/31/08

11.d. Name and address through whom performed:

Name Rehartes E. Hocksvacing

Organization A & GUNE T

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

Street 33 Belowders 87

Cay NAZIANETY

State

ZIP Code + 4 / fully

11.c. Extent performed:

ONLOWL 45 UF THIS PATE Additional Name and indiress 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:

Housing Phont Endoyers with Pentona Will work AND ENSTADIATION

12.h. Identify subject labor organizations:

METROPOLITAN RELIEVAN COUNCIL OF CASPORTERS, SOUTHEATTER DA LOCAL 359