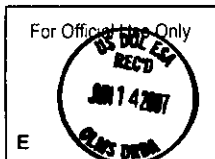


FORM LM-20

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.

1. File Number: C- 00525 **330812**

Person Filing	
2. Name and mailing address (include ZIP Code): Name Title Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74011	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 Railcrew Xpress Trade Name, if any P.O. Box, Bldg., Room No., if any Street 242 Fairlane Drive, Suite D4 City Louisburg State Kansas ZIP Code + 4 66053	7. Date entered into: 5 / 11 / 2007 8. Name of person(s) through whom made: Name Scott Boyes 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	14. Signed Title Treasurer
On 6/8/2007 Date	On 6/8/2007 Date
918-455-9995 Telephone Number	918-455-9995 Telephone Number

Filer: LRI Consulting Services, Inc.

File Number C- 00525

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.):

Oral agreement to provide consultation, to give speeches to employees about exercising their right to organize and bargain collectively. Duration of 11 days.

Specific Activities to be Performed

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

a. Nature of activity:

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

5/15-5/17, 5/23-5/25, 5/28-6/1/2007

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name Chris Borusso

Organization Axiomatix, LLC

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

Street 323 Mariners Way

City Copiague

State New York

ZIP Code + 4 11726

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:

Hourly employees, Shuttle drivers

12.b. Identify subject labor organizations:

Transport Workers