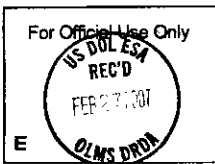


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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- 00532

328177

Person Filing

2. Name and mailing address (include ZIP Code):

Name John De Groot

Title

Organization CounterPoint

P.O. Box, Bldg., Room No., if any PO Box 1176

Street

City Glen Ellen

State California

ZIP Code + 4 95442-1176

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 2742 Rollo Road

City Santa Rosa

State California

ZIP Code + 4 95404-9522

4. Date fiscal year ends:

Dec / 7

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): Sole Proprietorship

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Mark Peabody

Organization Hanson

Trade Name, if any

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

Street 300 E Carpenter Freeway

City Irving

State Texas

ZIP Code + 4 75062

7. Date entered into:

2 / 17 / 2007

8. Name of person(s) through whom made:

Name Mark Peabody

Name

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 Sole Proprietor

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On Feb 16, 2007 (707) 575-4835

Date

Telephone Number

On

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.):

N/A

Specific Activities to be Performed

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

a. Nature of activity:

Meet with employees to discuss union representation under the NLRA.

11.b. Period during which performed:

February 18 - March 23, 2007

11.c. Extent performed:

On-going

11.d. Name and address through whom performed:

Name Arturo Tovar

Organization

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

Street 1317 Vista de Oro

City El Paso

State Texas ZIP Code + 4 79935

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:

Employees at the employers facility in Bakersfield, CA

12.b. Identify subject labor organizations:

Laborers In'tl Union