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 09-30-2011



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- (0%)			
Person Filing			
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name Robert	Warren	Name Rosalyn A Warren	
Title Intern		Title President	
Organization		Organization R. Warren, Inc.	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street 6001 Tall Pine Blvd.		Street 6001 Tall Pine Blvd.	
City Little Rock		City Little Rock	
State Arkansas	ZIP Code + 4 72204-8531	State Arkansas ZIP Code + 4 72205-8531	
4. Date fiscal year ends:	5. Type of person:		
Dec / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify): Intern	
Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 4 / 23 / 2007	
Name		8. Name of person(s) through whom made:	
Organization Railcrew Xpress			
Trade Name, if any		Name Scott Boyes	
P.O. Box, Bldg., Room No., if any		Name	
Street 242 Fairlane Drive, Suite D4		Name	
City Louisburg		Name	
State Kansas	ZIP Code + 4 66053	Name	
Signatures			
the information contained in any acco	ompanying documents) has been examined ction Vision penalties in the instructions.) President (If other title, see	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see	
Title President On 7/1/1/2	instructions) 501-565-3525	Title Treasurer instructions) On	
Date	Telephone Number	Date Telephone Number	

X =				
Filer Robert Warren	File Number C-			
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.):				
Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses.				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:				
To provide consultation and to give speeches to employed bargain collectively.	ployees regarding their rights to organize and			
11.b. Period during which performed:	11.c. Extent performed:			
4/24/07 thru 4/27/07	Initial visit only (4 days)			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name	Name			
Organization LRI Consulting Service	Organization R. Warren, Inc.			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 7850 S Elm Place, Suite E	Street 6001 Tall Pine Blvd.			
City Broken Arrow	City Little Rock			
State Oklahoma ZIP Code + 4 74011	State Arkansas ZIP Code + 4 72204-8531			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Hourly Employees, Shuttle Drivers	Transport Workers			
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