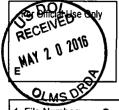
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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.

QLMS OF	
1. File Number: C- 00633	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Michael D Penn	Name
Title Partner	Title
Organization The Crossroads Group	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 63 Via Pico Plaza, Suite 505	Street
City San Clemente	City -
State California ZIP Code + 4 92672	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 a. Individual b. Partnership	c. Corporation d. Other (Specify):
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:
Name Dan Egeler	4 / 1 / 2016
Organization XPO Logistics, Inc.	Name of person(s) through whom made:
Trade Name, if any	Name Dan Egeler
P.O. Box, Bldg., Room No., if any	Name
Street 2211 Old Earhart Road	Name
City Ann Arbor	Name
State Michigan ZIP Code + 4 48105	Name
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed     Milled   Dune   President (If other title, see instructions)	
	V

Filer Michael Penn The Crossroads Group	File Number C- 00633	
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.):		
Payment on a fee-for-service basis at the hourly rate of \$350.00 plus reasonable and customary expenses		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
To assist the employer's communication efforts to advise its employees of their Section 7 rights and provide them with information regarding third-party representation		
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11.b. Period during which performed: 04/03 - 04/09/16	11.c. Extent performed:  Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
	Name	
,	ivanie	
Organization The Crossroads Group	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 63 Via Pico Plaza, Suite 505	Street	
City San Clemente	City	
State California ZIP Code + 4 92672	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All Drivers (DSRs), Dockworkers (DWs), and Customer Service Representatives (CSRs) at the Employer's sites in Aurora, IL and Baltimore, MD	IBT Local 179 (Joliet, IL) and IBT Local 355 (Baltimore, MD)	