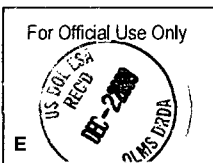


FORM LM-20

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- 00633

409312

Person Filing

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

Name Steven A Beyer

Title Partner

Organization The Crossroads Group

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

Street 63 Via Pico Plaza, Suite 505

City San Clemente

State California

ZIP Code + 4 92672

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. ☐ 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):

Name Ronald A Baumann

Organization Baumann & Sons Bus Company; Acme; Alert

Trade Name, if any

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

Street 3355 Veterans Memorial Highway

City Ronkonkoma

State New York

ZIP Code + 4 11779

7. Date entered into:

10 / 14 / 2009

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

Name

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

Steven A Beyer

President
(If other title, see
instructions)

Title Other (Specify)

Partner

14. Signed

Michael Dana Penn

Treasurer
(If other title, see
instructions)

Title Other (Specify)

Partner

On 10/31/2009

Date

(818) 248-0884

Telephone Number

On 10/31/2009

Date

(818) 999-5632

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.):

Payment on a fee-for-service basis at an hourly rate of \$325.00 per hour, plus reasonable and customary expenses (see attached).

Specific Activities to be Performed

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

a. Nature of activity:

To advise employees of their Section 7 rights and facts regarding the potential disadvantages of third-party representation. To answer employee questions and provide them with information necessary to ensure informed choice.

11.b. Period during which performed:

10/14 - 11/21/2009

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Steven A Beyer

Organization The Crossroads Group

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

Street 63 Via Pico Plaza, Suite 505

City San Clemente

State California ZIP Code + 4 92672

Additional Name and address through whom performed, if any:

Name Hector Barcenas

Organization

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

Street 6217 Crossfire Court

City Corona

State California ZIP Code + 4 92880

12.a. Identify subject groups of employees:

All full-time and regular part-time drivers, driver's assistants, mechanics and maintenance employees employed at its Baumann & Sons Bus Company, Acme Bus Corporation and Alert Coach Lines, Inc. locations on Long Island, New York.

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters,
Local 1205 (Farmingdale, New York)

Filer: Steven Beyer The Crossroads Group	File Number C- 00633
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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>To advise employees of their Section 7 rights and facts regarding the potential disadvantages of third-party representation. To answer employee questions and provide them with information necessary to ensure informed choice.</p>	
<p>11.b. Period during which performed:</p> <p>10/14 - 11/21/2009</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Alex Casillas</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1119 S. Mission Road, Suite 223</p> <p>City Fallbrook</p> <p>State California ZIP Code + 4 92028</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Erick J Becker</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 23361 Madero, Suite 220</p> <p>City Mission Viejo</p> <p>State California ZIP Code + 4 92691</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name Ricardo Pasalagua</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6 Seaside Circle</p> <p>City Newport Beach 92115</p> <p>State California ZIP Code + 4 92663</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Edward M Echanique</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 155 Bay Laurel Drive</p> <p>City Mooresville</p> <p>State North Carolina ZIP Code + 4 28115</p>
<p>12.a. Identify subject groups of employees:</p> <p>All full-time and regular part-time drivers, driver's assistants, mechanics and maintenance employees employed at its Baumann & Sons Bus Company, Acme Bus Corporation and Alert Coach Lines, Inc. locations on Long Island, New York.</p>	<p>12.b. Identify subject labor organizations:</p> <p>International Brotherhood of Teamsters, Local 1205 (Farmingdale, New York)</p>

Specific Activities to be Performed (Continuation Page)	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: To advise employees of their Section 7 rights and facts regarding the potential disadvantages of third-party representation. To answer employee questions and provide them with information necessary to ensure informed choice.	
11.b. Period during which performed: 10/14 - 11/21/2009	11.c. Extent performed: Completed
11.d. Name and address through whom performed: Name Gerri Ransom Organization P.O. Box, Bldg., Room No., if any Street 8860 S. Hooper Avenue City Los Angeles State California ZIP Code + 4 90002	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
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	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
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