"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. 1245-0003
Expires 08-31-2016



This report is mandatory under P.L. 88-257, 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- 6658			
Person Filing			
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this rep	ort are kept:	
Name Versala D Parish	Name ()		
Title Consultant	Title 7		
Organization Quick Response Management	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 9684 Cornell Street	Street		
City Taylor	City Carlot Carl		
State Michigan	2180 State ZIP Code + 4	, ,	
4. Date fiscal year ends: 5. Type of person:			
Dec 2 / 31 a. Individual b.	b. Partnership c. Corporation d. Other (Specify):		
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Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include	de ZIP Code): 7. Date entered into:		
Name Phillip Wilson	04 / (23) / (2012)		
Organization Labor Relations Institute (Lyngb	gblomatein)	8. Name of person(s) through whom made:	
Trade Name, if any	Name Phillip Wilson		
P.O. Box, Bldg., Room No., if any	Name		
Street 7850 S. Elm Place, Ste. E	Name		
City Broken Arrow	Name		
State Oklahoma ZIP Code + 4 74	74911 Name		
Signatures			
the information contained in any accompanying documents) ha true, correct, and complete. (See Section VII on penalties in the	President 14. Signed Tr. f other title, see (If	t (including lge and belief, easurer other title, see structions)	
On <u>5/15/2014</u> <u>248-225-4432</u> Date Telephone Number	On		
	- Gophore Hambar		

Filer.	File Number C-		
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.): Was employed on a daily rate basis pursuant to an oral contract.			
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Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instructions):			
a Nature of activity: Conduct training for employees on their rights under the NLRA. Topics discussed: NLRB election process, collective bargaining, company's position on union, company benefits, policies and			
procedures.			
11.b. Period during which performed:	11.c. Extent performed:		
Various days beginning 4/30/2012	Completed		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Versale D Parish	Name		
Organization Quick Response Management	Organization ;		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 9684 Cornell Street	Street		
City Taylor	City City		
State Michigan ZIP Code + 4 48180	State ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
All employees eligible to be in a bargaining unit.	S.E.T.U.		
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