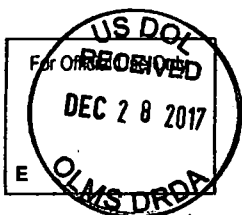


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

659117

1. File Number:

C-710 710

Person Filing

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

Name Scott Michel

Title

Organization

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

Street 819 Herman Rd

City Horsham

State Pennsylvania

ZIP Code + 4 19044

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 / 2017

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

Organization Kumho Tire Georgia

Trade Name, if any

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

Street 3051 Kumho Parkway

City Macon

State Georgia

ZIP Code + 4

7. Date entered into:

9 / 20 / 2017

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

Name N/A

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

Scott Michel

President
(If other title, see
instructions)

Title

14. Signed

Title

Treasurer
(If other title, see
instructions)

On 12/19/17

Date

2153597155

Telephone Number

On

Date

Telephone Number

Filer: Scott Mauer	File Number C-
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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.):

\$1500.00 per day plus expenses

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: Educating employees in the bargaining unit of their rights undertake NLRA	
11.b. Period during which performed: 10/13/117	11.c. Extent performed: fully
11.d. Name and address through whom performed: Name Russell M Brown Organization RoadWarrior Productions, LLC P.O. Box, Bldg., Room No., if any 372636 Street City Satellite Beach State Florida 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
12.a. Identify subject groups of employees: production employees	12.b. Identify subject labor organizations: United Steel Workers