

AGREEMENT AND ACTIVITIES REPORT

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For Official Use Only



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Organizations Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

338611

1. File Number: C- 00525

Person Filing

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

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State: Oklahoma ZIP Code + 4 74011

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

Organization Henderson Manufacturing

Trade Name, if any

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

Street 1085 South Third Street

City Manchester

State: Iowa ZIP Code + 4 52507

7. Date entered into:

9 / 6 / 2007

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

Name Steve Hoeger

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.

13. Signed

[Signature]

President
(If other title, see instructions)

Title President

14. Signed

[Signature]

Treasurer
(If other title, see instructions)

Title Treasurer

Stamp

Delete

On 10/8/2007

918-455-9995

Date

Telephone Number

Clear Signatures

On 10/8/2007

918-455-9995

Date

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.):

Agreement to provide consultation, to give speeches to employees about exercising their right to organize and bargain collectively.

Specific Activities to be Performed

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

a. Nature of activity:

TEST PG CNT

Employeed to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

9/7/07, 9/10/07-9/14/2007, 9/17/2007-9/21/2007

11.c. Extent performed:

fully performed

11.d. Name and address through whom performed:

Name Gerald O'Brien

Organization

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

Street 23 Summit Heights

City North Oaks

State Minnesota ZIP Code + 4 55127

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:

Maintenance, Protection & ustodial

12.b. Identify subject labor organizations:

Laborers