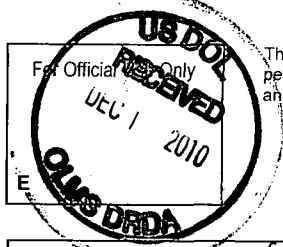


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

446955

1. File Number: C- 480

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Ronald L Mason
Title	President/Treasurer
Organization	Midwest Management Consultants, Inc.
P.O. Box, Bldg., Room No., if any	
Street	425 Metro Place N., Suite 620
City	Dublin
State	Ohio
ZIP Code + 4	43017
3. Any other address where records necessary to verify this report are kept:	
Name	n/a
Title	
Organization	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	
ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:
Dec / 31	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	Todd Green, VP/Finance-Administration
Organization	Merritt Woodwork
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	7198 Industrial Park Blvd.
City	Mentor
State	Ohio
ZIP Code + 4	44060
7. Date entered into: 11 / 15 / 10	
8. Name of person(s) through whom made:	
Name	Todd Green
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 Ronald L Mason President
(If other title, see instructions)
Title President

14. Signed Ronald L Mason Treasurer
(If other title, see instructions)
Title Treasurer

On 11/19/10 614 734 9450
Date Telephone Number

On 11/19/10 614 734 9450
Date Telephone Number

Filer: <u>Ronald Mason</u> <u>Midwest Management Consultants, Inc.</u>	File Number <u>C-</u>
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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.):

Verbal agreement to represent Merritt in campaign against becoming a union shop. Agreement is for no specific time, and may be terminated by either party at any time. Agreement has never been reduced to writing. All consultations billed at \$175.00 per hour including travel time and expenses incurred accordingly.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: <p style="margin-left: 40px;">Giving speeches, preparing written materials for distribution, and conducting meetings with employees and management for purposes of remaining a non-union shop.</p>	
11.b. Period during which performed: <p style="margin-left: 40px;">11/15/10 to present</p>	11.c. Extent performed: <p style="margin-left: 40px;">continuing</p>
11.d. Name and address through whom performed: Name <u>Todd Green, VP/Finance-Administration</u> Organization <u>Merritt Woodwork</u> P.O. Box, Bldg., Room No., if any Street <u>7198 Industrial Park Blvd.</u> City <u>Mentor</u> State <u>Ohio</u> ZIP Code + 4 <u>44060</u>	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: <p style="margin-left: 40px;">All full time and part-time production employees at facility in Mentor, OH.</p>	12.b. Identify subject labor organizations: <p style="margin-left: 40px;">Ohio and Vacinity Regional Council of Carpenters</p>