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 10-31-2013



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: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name **EDUARDO** PADILLA Name Title Title OWNER Organization EPC CONSULTING Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 3620 LOMACITAS LN City BONITA City State California ZIP Code + 4 91902 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: a. X 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): 7. Date entered into: 3/25/2013 Name Jerry Johnson 8. Name of person(s) through whom made: Organization JELD-WEN, Inc. Name LUPE CRUZ Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 40/3 Lakeport Blud. Name City Klamath Falls Name ZIP Code + 4 9 760/ State OK 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 President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Sole Proprietor Treasurer 5/28/2013 6195181473 Оn Telephone Number Date Telephone Number Date

Filer EDUARDO PADILLA EPC CONSULTING	File Number C-
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.	
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10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):	
hourly rate plus reimbursed expenses	
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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:	
infrom employees of their reights under section (7) of the NLRA	
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11.b. Period during which performed:	11.c. Extent performed:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name EDUARDO: PADILLA	Name
Organization EPC CONSULTING	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 3620 LOMACITAS, LN	Street
	City
City BONITA	
State California ZIP Code + 4 91902	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations;
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