

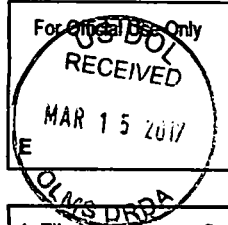
Reset

# AGREEMENT AND ACTIVITIES REPORT

Font

Renumber Pages

Reset Zip Fields



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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

636625

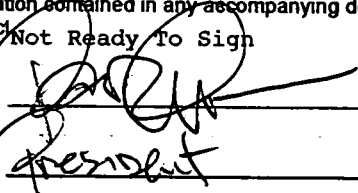
1. File Number: c 67437

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code):	
Name Patrick OMara	3. Any other address where records necessary to verify this report are kept:
Title President	Name
Organization OMara & Associates, LLC	Title
P.O. Box, Bldg., Room No., if any P.O. Box 2624	Organization
Street	P.O. Box, Bldg., Room No., if any A97
City Novato	Street 130 Landing Court
State California ZIP Code + 4 94948	City Novato
State California ZIP Code + 4 94948	State California ZIP Code + 4 94945
4. Date fiscal year ends:	5. Type of person:
Dec / 31	a. Individual b. Partnership c. Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Ed Lee	7. Date entered into: 9 / 14 / 2016
Organization Restoration Hardware	8. Name of person(s) through whom made:
Trade Name, if any	Name Ed Lee
P.O. Box, Bldg., Room No., if any	Name
Street 15 Koch Rd.	Name
City Corte Madera	Name
State California ZIP Code + 4 94925	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 in accordance with the instructions in the instructions.)

13. Signed 	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title President		Title _____	

Stamp

Delete

On 3/5/16  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

Clear Signatures

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.):

Engaged to communicate to employees regarding exercising their rights 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

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively

11.b. Period during which performed:

Various Days Beginning 7/15/16

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services, Inc.

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

Street 7850 S. Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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:

Various Employees

12.b. Identify subject labor organizations:

Pre Petition