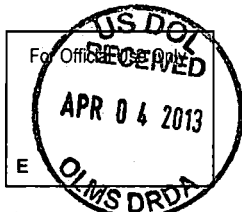


FORM LM-20

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.

525579

1. File Number: C-65357

Person Filing

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

Name Brian S Carroll

Title Labor Relations Specialist

Organization

P.O. Box, Bldg., Room No., if any P. O. Box 932

Street

City Pratt

State Kansas

ZIP Code + 4 67124

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 / 12

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 David Ringer

Organization Indiana Fire Sprinkler & Backflow, Inc.

Trade Name, if any

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

Street 709 Airport North Office Park

City Fort Wayne

State Indiana

ZIP Code + 4 46825

7. Date entered into:

7 / 19 / 2012

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

Name David Ringer

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

President
(If other title, see
instructions)

Title Other (Specify)

Labor Relations Specialist

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 03/30/2013

Date

620-388-2441

Telephone Number

On

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.):

To engage in persuader activities on behalf of employer to vote against the labor organization in the NLRB conducted election.

Specific Activities to be Performed

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

a. Nature of activity:

Assisted employer in campaign activity to persuade employees to vote against the labor organization in the NLRB conducted election.

11.b. Period during which performed:

July 19, 2012 to August 26, 2012

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Brian S Carroll

Organization

P.O. Box, Bldg., Room No., if any P. O. Box 932

Street

City Pratt

State Kansas

ZIP Code + 4 67124

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:

All full time and regular part time sprinkler fitters and helpers employed by the employer.

12.b. Identify subject labor organizations:

Road Sprinkler Fitters Union Local 669, AFL-CIO