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)

Person Filling Person Filling Services (Include ZIP Code) Same and mailing address (Include ZIP Code) Name	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 654315		
2. Name and mailing address (include ZIP Code): Name Phillip B wilson Title Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any Sireet 7850 South Elm Place, Suite E City Stafe Oklahoma ZIP Code + 4 74011 Stafe ZIP Code + 4 4. Date fiscal year ends: Dec / 31 a Individual b Partnership c Corporation d Other (Specify): Name Organization Winsupply Stanford CT Co. Trade Name, if any Sireet 38 South Elm Stafe CT ZIP Code + 4 06902 Name City Stafe Oklahoma Stafe CT ZIP Code + 4 06902 Name Signatures Each of the undersigned declares, under penalty of penilly and been explicable penalties of law, that all of the information submitted in this report (including and beief, true, correct, and copyrights) Season Vir of penilly of penilly and been explained by the signatory and is, to the best of the undersigned's knowledge and beief, true, correct, and copyrights (See Seylor) Vir of penilly of penilly and been explained by the signatory and is, to the best of the undersigned's knowledge and beief, true, correct, and copyrights (See Seylor) Vir of penilly of penilly and been explained by the signatory and is, to the best of the undersigned's knowledge and beief, true, correct, and copyrights (See Seylor) Vir of penilly of penilly and been explained by the signatory and is, to the best of the undersigned's knowledge and beief, from the instructions) 13. Signed CD CD CD CD Raf18/2017 918-455-9995 CD			
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4. Date fiscal year ends: Dec	City Broken Arrow	City	
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Organization Winsupply Stamford CT Co. Trade Name, if any P.O. Box, Bldg., Room No., if any Street 81 Southfield Avenue City Stamford Slate CT ZIP Code + 4 06902 Mame 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 benalties in the instructions.) 13. Signed On 8/18/2017 918-455-9995 On 8/18/2017 918-455-9995	State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4	
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	Title	president	
	On 8/18/2017 918-455-9995	On 8/18/2017 918-455-9995	

Filer: LRI Consulting Services, Inc.	ĺ	File Number C- 00525
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 i	must be attached.):	
Verbal agreement. \$2700 per day per consultant plus reas		s.
	•	
•		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruction)	ons):	
a. Nature of activity:		
Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.		
11.b. Period during which performed:	11.c. Extent performed:	
various days beginning 7/24/17	Fully Performed	
11.d. Name and address through whom performed:	Additional Name and address	ss through whom performed, if any:
Name Amed Santana	Name	
Organization Santana International Inc	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No.,	if any
Street , 7049 Westwind Dr., Suite 6001	Street	
City El Paso	City	
State Texas . ZIP Code + 4 79912	State	ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor	organizations:
various employees	pre-petition	