U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

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FORM LM-20
AGREEMENT AND ACTIVITIES REPORT
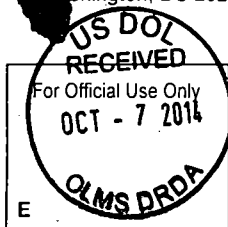
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

572934

1. File Number:	**C-** 00525

Person Filing

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name	Name
Title	Title
Organization LRI Consulting Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 South Elm Place, Suite E	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4

4. Date fiscal year ends:	5. Type of person:
Dec / 31	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):	7. Date entered into: 8 / 1 / 2014
Name	8. Name of person(s) through whom made:
Organization Taylor Farms New Jersey	Name Alan Applonie
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 406-A Heron Drive	Name
City Swedesboro	Name
State NJ ZIP Code + 4 08085	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)	14. Signed	Treasurer (If other title, see instructions)
Title CEO		Title President	
On 9/25/2014 918-455-9995		On 9/25/2014 918-455-9995	
Date Telephone Number		Date Telephone Number	

x 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.):

Verbal agreement. $3,000 per day per consultant plus reasonable travel expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed: various days beginning 8/4/14	11.c. Extent performed: Fully Performed
11.d. Name and address through whom performed: Name Alex Casillas Organization Action Resources P.O. Box, Bldg., Room No., if any Street 3892 Brook Hills Road City Fallbrook State CA ZIP Code + 4 92028	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