

⊠Spawn:⊔st≝ U.S. Department of Labor

Office of Labor-Management

Standards

For Official Use Only BOL EL RECO

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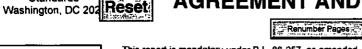
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AGREEMENT AND ACTIVITIES REPORT



Form approved Office of Manageme and Budget No. 1215-0188 Expires 11-30-2009



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecuing penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Libor Relations Consultan and Organizations. Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959

READ THE INSTRUCTIONS CAREFULLY REFORE PERPARING THIS REPO

1. File Number: C- 00525	4
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other acidress 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, Bldc., Room No., if any
Street 7850 South Elm Place, Suite E	Street
City Broken Arrow	City
State OK ZIP Code + 4 7	State ZIP Code + 4
Date fiscal year ends: 5. Type of person:	
DEC / 31 a. Individual	Partnership c. Corporation d. Other (Specify):
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (inclu	e ZIP Code): 7. Date entered into:
Name	10 / 31 / 200
Organization Fibrominn, LLC	8. Name of p∈:son(s) through whom made:
Trade Name, if any	Name Ron Davies
P.O. Box, Bldg., Room No., if any PO Box 265	Name
Street	Name
City Benson	Name
State MW ZIP Code + 4	Name
	Signatures
the information contained in any accompanying documents) true, correctnot Read To Sagn s in	d other applicable penalties of law, that all of the information submitted in this report (including as been examined by the signatory and is to the best of the undersigned's knowledge and belie instructions.) Not Ready TO Sign
13. Signed	esident other title, see structions) Title 14. Signed Treasurer (If other title, see instructions)
aind	
elete On 12/6/2007 918–455~9995	On 12/6/2007 918-455-9995
Date Telephone Number	Date Telephone Number

Filer: LRI Consulting Services	File Number c - 00 5 25	
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.):	
Agreement to provide consultation, to give speeches organize and bargain collectively.	to employees about exercising their right to	
•		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct	ions):	
a. Nature of activity:		
Employed to give speeches to employees regarding their rihts to organize and bargain collectively.		
11.b. Period during which performed:	11.c. Extent performed:	
11/1 -011/2/2007	fully performed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Frank Barbera	Name	
Organization Frank Barbera & Associates	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 3308 Ariba Street	Street	
City Las Vegas	City	
State	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Operators, Mechanics, E&I Mechanics, Fuel Handler Operators, Fuel Handlers, Maintenance Planner and Procurement Specialists	Electrical Workers	