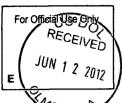
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number C- 00664 **Person Filing** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name Edward M Echanique Title Title President Organization Organization Labor Relations Consulting P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 155 Bay Laurel Drive City City Mooresville ZIP Code + 4 ZIP Code + 4 28115 State State North Carolina 5. Type of person: 4. Date fiscal year ends: a. Individual b. Partnership c. Corporation Other (Specify): Dec **Nature of Agreement or Arrangement** 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): / 2011 Name Richard Labriola 8. Name of person(s) through whom made: Organization Labriola Baking Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 3701 W. 128th Place Name City Alsip ZIP Code + 4 State Illinois 60803 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.) reesurer 14. Signed President 13. Signed (If other title, see If other title, see instructions) instructions) President Treasurer Title Title 06/06/2012 951-265-5584 951-265-5584 06/06/2012 On Telephone Number Date Date Telephone Number

Filer Edward Echanique Labor Relations Consulting		File Number C- 00664
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.):		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity: Present information about employees' rights under Section 7, in group meetings or individually		
Frederic Información about employees frigues anaer seconor y an george anaer		
-		
	1	
11.b. Period during which performed: 08/08/2011	on going	
11.d. Name and address through whom performed:		ss through whom performed, if any:
Name Edward M Echanique	Name	
Organization Labor Relations Cosulting	Organization	
	P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any	P.O. Box, Biog., Rooff No., if any	
Street 155 Bay Laurel Drive	Street	
City Mooresville	City	
State North Carolina ZIP Code + 4 28115	State	ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor	organizations:
All drivers/sales employees in the potential bargaining unit	Teamsters Local 7	34