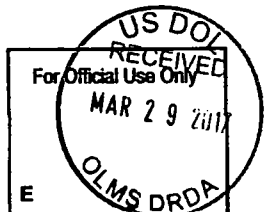


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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.

641735

1. File Number: C 66940

Person Filing

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

Name Richard B Farr
Title Senior Consultant
Organization Best Consultants by Farr, LLC
P.O. Box, Bldg., Room No., if any _____
Street 646 North Stark Hwy
City Weare
State New Hampshire ☒ ZIP Code + 4 03281

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 ☒ / 31

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 John Rice
Organization Carpenter Technology Corporation
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 1010 Weat Bern St
City Reading
State Pennsylvania ☒ ZIP Code + 4 19601

7. Date entered into:

9 / 23 / 2016

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

Name _____
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

Title

Other (Specify) ☒

LLC

On

12/16/2016

Date

262-490-1682

Telephone Number

14. Signed

Title

Treasurer

On

Date

Telephone Number

Treasurer
(If other title, see
instructions)

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.):

Verbal agreement with LRI Consulting Services Inc for consulting services.

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 9/25/16

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services, Inc

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

Street 7850 S. Elm St, Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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