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.

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a construction of angeles	
1: File: Number: C- 00664	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Edward M Echanique	Name
Title President	Title
Organization Labor Relations Consulting	Organization
P.O. Box, Bldg., Room No., if:any	P.O. Box, Bldg., Room No., if any
Street 155 Bay Laurel Drive	Street
City Mooresville	City
State North Carolina ZIP Code + 4 28115	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:
Name Mark Stukenborg	2 / 18 / 2013
Organization Jeld-Wen Exterior Doors	8. Name of person(s) through whom made:
Trade Name, if any	Name
P:O. Box, Bldg., Room No., if any	Name
Street 647 Hargrave Rd. Suite C	Name
City Lexington	Name
State North Carolina ZIP Code + 4 27292	Name
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions:) 13. Signed President On 17013 (951) 265-5584 Telephone Number	penalties of law, that all of the information submitted in this report (including by the signatory and is to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions) On DAM 2013 (951) 265-5584 Telephone Number

Filer Edward Echanique Labor Relations Consulting	File Number C- 00664	
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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.):		
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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 and answer questins regarding collective	
bargaining in group meetings or individually		
11.b. Period during which performed:	11.c. Extent performed:	
02/1802013	On going	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Edward M Edhanique	Name	
Organization Labor Relations Consulting	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 155 Bay Laurel Drive	Street	
City Mooresville	City	
	State ZIP Code + 4	
State North Carolina ZIP Code + 4 28115	State ZIF Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All production employees in the potential bargaining unit	International Aerospace & Machinest	
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