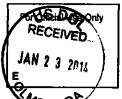
U.S. Degartment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011



This report is mandatory under P.L. 88-257, 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. 5397Kb 1. File Number. COJO 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 Patrick OMara Title Title President Organization OMara & Associates, LLC Organization P.O. Box, Bldg., Room No., If any $_{\hbox{\scriptsize P.O.}}$ Box $\,$ 2624 P.O. Box, Bidg., Room No., If any A 97 Street Street 130 Landing Court City Novato City Novato State California State California 4. Date fiscal year ends: 5. Type of person: Dec 0 / Individual b. Partnership c. Corporation d. Other (Specify): LLC Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 9 / 12 / 2013 Name Rick Raposo 8. Name of person(s) through whom made: Organization Sitel Name Rick Raposo Trade Name, if any P.O. Box, Bldg., Room No., if any Name Street 135 John Vertente Blvd Name City New Bedford Name ZIP Code + 4 02744 State Massachusetts 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, corregt, and complete. (See Section VII on penalties in the instructions.) 13. Signed President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Title __

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Telephone Number

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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.): Verbal agreement to provide consultation and give speeches to employees about exercising their right to organize and bargain collectively.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a Nature of activity: To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively	
11.b. Period during which performed:	Lie Brown A
various days beginning 9/19/2013	11.c. Extent performed:
11.d. Name and address through whom performed:	Fully performed
	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI Consulting Services, Inc.	Organization
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S. Elm Place	Street:
City Broken Arrow	Citý
State Oklahomá	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Various Employees	Pre Petition
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