1 U.S. Department of Labor Office of Labor-Manager 1970 Standards REVED Washington, DC 20210E/VED

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

The report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution; fines, or civil

Person Filling Name part mailling address (include ZIP Code): Name PartILK GR0551 Title PARTNER Drganization Jijcensul + ing., LLc P.O. Box, Bidg., Room No., if any Street / 700 FRIEDENSBURG. RD City ReADING State ZIP Code + 4 / 9606 State ZIP Code + 4 Individual b. Partnership c. Corporation d. Other (Specify): Name of Agreement or Arrangement Transament address of employer with whom made (include ZIP Code): Name STEVEN E. JONES Driganization LABOR MANAREMENT SCLUTIONS Title Partnership C. Corporation d. Other (Specify): Name STEVEN E. JONES Driganization d. State ZIP Code + 4 11 / 12 / 10 8. Name of person(s) through whom made: Name STEVEN E. JONES Name Name Street JLT WILLOW OAK AVE. Name Street JLT WILLOW OAK AVE. Name Signatures Each of the undersigned declares, under pensity of perjury and other applicable pensities of law, that all of the information submitted in this report (including has been examined by the signatory and is, to the best of the undersigned's knowledge and belief undersigned in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief undersigned declares, under pensity of perjury and other applicable pensities of law, that all of the information submitted in this report (including the information corriging in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief undersigned in the information is to make a pensity of pensity o	PECENE!	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
Person Filling 2. Name and mailing address (include ZIP Code): Name PATRICK GROSS! Fille PARTNER Drigarizzation Jicewsul 1 ing, LLC P.O. Box, Bidg., Room No., If any Street Title Crganizzation P.O. Box, Bidg., Room No., If any Street Title City Capital year ends: DEC / 31 S. Type of person: DEC / 31 DEC / 3		556477		
2. Name and mailting address (include ZIP Code): Name PATRICK GROSS! Title PARTNER Dryanization Street PARTNER Title Organization P.O. Box; Bidg., Room No., if any Street City READING State ZIP Code + 4 /9606 State ZIP Code + 4 /9606 Name of person(s) through whom made: Name STEVEN E. JONES Dryanization ABOR MANAGEMENT SCLATIAUS Trade Name, if any P.O. Box, Bidg., Room No., if any Street City Corporation of Other (Specify): 7. Date entered Into: 11 / 12 / 10 8. Name of person(s) through whom made: Name Name Name Name Street Lift OLEAN VIEW ZIP Code + 4 /9978 - 3240 Name Name State Name State ZIP Code + 4 /9978 - 3240 Name	. File Number: C- 00575			
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Title PARTNER Organization Size Name Title Po. Box, Bidg., Room No., if any Street Top FRIEDENSBURG RD City READING State PA	2. Name and mailing address (include ZIP Code):		1	report are kept:
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P.O. Box, Bidg., Room No., if any Street / 700 FRIEDENSBURG. RD. Street / 700 FRIEDENSBURG. Street / 700 FR	Title PARTNER		Title	
P.O. Box, Bidg., Room No., if any			Organization`	
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State PA	Street /700 FRIEDENSBURG. RD.		Street	
DEC / 3	City READING		City	
Nature of Agreement or Arrangement Full name and address of employer with whom made (include ZIP Code): Name STEVEN E. JONES Organization LABOR MANAGEMENT SOLUTIONS Frade Name, if any P.O. Box, Bidg., Room No., if any Street /LT WILLOW OAK AVE. Name State DE ZIP Code + 4 / 9978 - 3210 Name Signatures 14. Signed President (If other title, see instructions) Treasurer (If other title, see instructions) Treasurer (If other title, see instructions) Treasurer (If other title, see instructions)	State PA	ZIP Code + 4 /9606	State ZIP Code + 4	
Adduction of Agreement or Arrangement Full name and address of employer with whom made (include ZIP Code): Jame STEVEN E. JONES Progranization ABOR MANAGEMENT SCLITIAUS Rode Name, if any P.O. Box, Bidg., Room No., if any Street 167 WILLOW OAK AVE. Sity OCEAN VIEW State DE ZIP Code + 4 / 9978 – 3240 Name Signatures 14. Signed Proceediest Room VII on penalties in the instructions) Treasurer (If other title, see instructions) Treasurer (If other title, see instructions) Treasurer Treasurer (If other title, see instructions)	. Date fiscal year ends:	5. Type of person:		
Treasurer Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 8. Name of person(s) through whom made: Name STEVEN E. Jone 8. Name of person(s) through whom made: Name STEVEN E. Jone 8. Name of person(s) through whom made: Name STEVEN E. Jone 8. Name of person(s) through whom made: Name STEVEN E. Jone 8. Name of person(s) through whom made: Name STEVEN E. Jone 8. Name of person(s) through whom made: Name STEVEN E. Jone 8. Name of person(s) through whom made: Name STEVEN E. Jone 8. Name of person(s) through whom made: Name STEVEN E. Jone 8. Name of person(s) through whom made: Name STEVEN E. Jone 8. Name of person(s) through whom made: Name STEVEN E. Jone 8. Name of person(s) through whom made: Name STEVEN E. Jone 8. Name of person(s) through whom made: Name STEVEN E. Jone 8.	DEC / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify):	
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Regarded Name, if any O. Box, Bidg., Room No., if any Name Name	ame STEVEN E. JON	£5	11 /.12 / 10	
Name		_	8. Name of person(s) through whom made:	
Name Signatures	·	NEW OWN THOS	Name STEVEN E. JONES	
Name Name Name Name Name Name Name Signatures ach of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the Information submitted in this report (including se information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and believe, correct, and complete. (See Section VII on penalties in the instructions.) President (If other title, see instructions) Treasurer (If other title, see instructions)			Name	
Name Signatures		A	Name	
Signatures 14. Signed President (If other title, see instructions) Treasurer (If other title, see instructions) Treasurer (If other title, see instructions)				
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(If other title, see (If other title, see instructions) Treasurer instructions)	he information contained in any acco	mpanying documents) has been examine	e penalties of law, that all of the information submitted in this red by the signatory and is, to the best of the undersigned's known	eport (including wiedge and belief
: PSOSTGERE NO <i>DTUSO</i> Treasurer	3. Signed William	(If other title, see	14. Signed N/A	Treasurer (If other title, see
	Title Proceedent PARTNE	instructions)	Title Treasurer	instructions)
	On 12/12/10		On	
On 12/12/10 860-965-4335 On Date Telephone Number Date Telephone Number			1 12 EMPRITY MIRROR	

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.):

CONDUCT NLRA/CBA EMPLOYEE TRAINING.

Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

CONDUCT NLRA/CBA EMPLOYEE TRAINING

11.b. Period during which performed:	11.c. Extent performed:	
11/16/10 - 12/17/10	COMPLETED	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name PATRICK GROSSI	Name MA	
Organization gliconsulting, LLC	Organization	
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street / 700 FRIED GNSBURG RD.	Street	
City READING	City	
State PA ZIP Code + 4 /9607	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
BEE HOURLY EMPLOYEES	TBEW	
],		