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 08-31-2016



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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Person Filling 2. Name and mailing address (include ZIP Code): Name Mark A Lema Title Founder & CEO Crganization LAAHR P.O. Box, Bldg., Room No., if any Street PO Box 385 City Hainesport State Variety and City State Variety and City State 4. Date fiscal year ends: Dec / 31	1. File Number: c - 67699		
2. Name and mailing address (include ZIP Code): Name Mark A Lema Title Founder & CEO Organization LAAHR P.O. Box, Bldg., Room No., if any Street PO Box 385 City Hainesport State New Jersey ZIP Code + 4 08036 A. Date fiscal year ends: Dec / 31 a Individual b Partnership c. Corporation d Other (Specify): Name Ivan Lipton Organization Plantation Inc Trade Name, if any P.O. Box, Bldg., Room No., if any Sircet 137 Warren Avenue City Plymouth State Massachusetts ZIP Code + 4 02360 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 continued in any declaring repeating for penalties of the signatory and is, to the best of the undersigned sknowledge and belief fue, correct, and uniquely and supplied. See Action Vir to penalties in the instructions.) 13. Signed President 14. Signed Treasurer			
Name Mark A Lema Title Founder & CEO Organization LAAHR P.O. Box, Bldg., Room No., if any Street PO Box 385 City Hainesport State New Jersey ZIP Code + 4 08036 State ZIP Code + 4 4. Date fiscal year ends: Dec 31 All 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 Ivan Lipton Organization Plimoth Plantation Inc Trade Name, if any P.O. Box, Bldg., Room No., if any Street 137 Warren Avenue City Plymtouth State Massachusetts ZIP Code + 4 02360 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 standings and belief rue, correct, and Implied: Total penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any standings and belief rue, correct, and Implied: Total penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any standings and belief rue, correct, and Implied: Total penalties in the instructions.)		3. Any other address where records necessary to verify this report are kept:	
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Filer: Mark Lema LAAHR	File Number C- 67699	
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 Agreement included a fee per day and payment of reasonable expenses.		
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct	ions):	
a. Nature of activity:		
Retained to conduct informational and educational meetings with employees and members of the management team regarding the procedures under the NLRB secret ballot election and their rights and duties under the NLRA.		
ductes dider the Mark.		
11.b. Period during which performed:	11.c. Extent performed:	
Various days starting on 10/17/16		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization LRI Consulting Services Inc.	Organization .	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 7850 S. Elm Place, Ste. E	Street	
City Broken Arrow	City	
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Historical Interpreters, Home Site Interpreters, Bakers, Food Historians, Candle Makes, Weavers, Headdress Makers, Potters, Blacksmiths, Carpenters, Historical Clothing And Textile Artisans, Colonial Footways Specialists, Grounds And Maintenance Workers, Horticulturalists	United Auto Workers	