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. 1215-0188
Expires 11-30-2006



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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| 1. File Number: <b>C-</b> 00488   | 40111                         | <u>,                                    </u> |  |   |   |  |
|---|-------------------------------|--|--|---|---|--|
| iie Mainbai. <b>0-</b> 00400  |                               |  |  |   | ·   |  |
| Person Filing   |                               |  |  |   |   |  |
| 2. Name and mailing address (include ZIP Code):   |                               |  | 3. Any other address where records necessary to verify this report are kept: |   |   |  |
| Name Matt   | Perovic                       |  | Name   |   |   |  |
| Title Principal   |                               |  | Title  |   |   |  |
| Organization Quantum Consulting   |                               |  | Organization   |   |   |  |
| P.O. Box, Bldg., Room No., if any   |                               |  | P.O. Box, Bldg., Room No., if any  |   |   |  |
| Street 10917 Kilpatrick   |                               |  | Street   |   |   |  |
| City Oak Lawn   |                               |  | City   |   |   |  |
| State Illinois  | ZIP Code + 4                  | 60453  | State  |   | ZIP Code + 4  |  |
| 4. Date fiscal year ends:   | 5. Type of person             | <u> </u>                                     |  | <del> </del>                                      |   | · · · · · · · · · · · · · · · · · · ·    |
| Dec / 31  | a. Individual                 | b. Partnership                               | c. Corporation d. Other (Specify):   |   |   |  |
|   |                               |  |  |   |   |  |
| Nature of Agreement or Arrangeme  | ent                           |  | _  |   |   |  |
| 6. Full name and address of employer with whom made (include ZIP Code):   |                               |  | 7. Date entered into: 3 / 22 / 2007  |   |   |  |
| Name  |                               |  | 8. Name of person(s) through whom made:                                      |   |   |  |
| Organization IESI, LLC  |                               |  | Name Joyce Thummel   |   |   |  |
| Trade Name, if any  |                               |  |  |   |   |  |
| P.O. Box, Bldg., Room No., if any   |                               |  | Name   |   |   |  |
| Street 2301 Eagle Parkway   |                               |  | Name   |   |   |  |
| City Fort Worth   |                               |  | Name   |   |   |  |
| State Texas   | ZIP Code + 4                  | 76177  | Name   |   |   |  |
|   |                               | Signa  | tures  |   |   |  |
| Each of the undersigned declares, ur<br>the information contained in any according<br>true, correct, and complete. (See Sec | impanying documents           | s) has been examined                         | penalties of la<br>I by the signat   | aw, that all of the info<br>ory and is, to the be | ormation submitted in this<br>st of the undersigned's kno | report (including<br>owledge and belief, |
| (If other   |                               | President<br>(If other title, see            | 14. Signed   |   |   | Treasurer<br>(If other title, see        |
| Title President   |                               | instructions)                                | Title  | Other (Speci                                      | fy)   | instructions)                            |
| 0. 06/20/2010   | 00 422 7796                   |  | ^  |   |   |  |
| On <u>06/29/2010 7</u><br>Date  | 08-423-7786  Telephone Number | <del></del>                                  | On   | Date  | Telephone Numbe   | <u> </u>                                 |
|   |                               |  |  |   |   |  |

| معروع المستروع المست |  |   |  |  |  |
|---|--|---|--|--|--|
| Filer: Matt Perovic Quantu  | um Consulting  |   | File Number C- 00488   |  |  |
| collectively through represen   | ercise or not to exercise, or persuad tatives of their own choosing. | e employees as to the manner of<br>f employees or a labor organizat | exercising, the right to organize and bargain on in connection with a labor dispute involving oceeding or a criminal or civil judicial proceeding. |  |  |
| 10. Terms and conditions (Explain in de   | ail; see instructions. Written agreeme                               | ents must be attached.):  |  |  |  |
| \$187.50 per hour for all Plus Incurred expenses.   | hours worked   |   |  |  |  |
|   |  |   |  |  |  |
| Specific Activities to be Performed   |  |   |  |  |  |
| 11. For each activity, separately list in de<br>a. Nature of activity:<br>To persuade employees to<br>representation for the p  | excercise or not to exc  | ercise their right to   | choose or not to choose  |  |  |
| 11.b. Period during which performed: 3/23/07  |  | 11.c. Extent performed:   | 11.c. Extent performed:  Fully Performed   |  |  |
| 11.d. Name and address through whom   | performed:   |   | Additional Name and address through whom performed, if any:  |  |  |
| Name  |  | Name  | ·  |  |  |
| Organization LRI Consulting S   | ervices, Inc.  | Organization  | Organization   |  |  |
| P.O. Box, Bldg., Room No., if any   |  | P.O. Box, Bldg., Room No.   | P.O. Box, Bldg., Room No., if any  |  |  |
| Street 7850 S Elm Place, Su:  | ite E  | Street  | Street   |  |  |
| City Broken Arrow   |  | City  | City   |  |  |
| State Oklahoma  | ZIP Code + 4 74011   | State   | ZIP Code + 4   |  |  |
| 12.a. Identify subject groups of employee   | S:   | 12.b. Identify subject labor  | 12.b. Identify subject labor organizations:  |  |  |
| Drivers & Maintenance Emp.  | Loyees   | Operating Enginee   | rs   |  |  |
|   |  |   |  |  |  |