Ü.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

President

Title

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

(If other title, see

instructions)

Telephone Number



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.

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 Title President Organization Labor Relations Consulting Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 155 Bay Laurel Drive City City Mooresville - ZIP Code + 4 State North Carolina .... . ZIP Code + 4 28115 State . 1.6 5. Type of person: " 4. Date fiscal year ends: Dec Partnership c , v Corporation d egg Nature of Agreement or Arrangement ... 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2013 DiBella Name Al 8. Name of person(s) through whom made: Organization Jeld-Wen Doors Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 36 Precision Drive Suite 130 City North Springfield Name State Vermont ZIP Code + 4 05150 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, correct, and complete. (See Section VII on penalties in the instructions.) 14. Signed 13. Signed President Treasurer

(If other title, see

Treasurer

Title

instructions)

File Edward Echanique Labor Relations Consulting	File Number C- 00664
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:
03/25/2013	On going  Additional Name and address through whom performed, if any:
11.d. Name and address through whom performed:  Name Edward M Echanique	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 North Carolina ZIP Code + 4 28115	State ZIP 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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