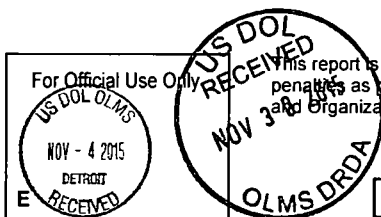


FORM LM-20

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)

601380

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65926

Person Filing

2. Name and mailing address (include ZIP Code):

Name Derek Vitaoe
Title President
Organization Harmony in Diversity, Inc
P.O. Box, Bldg., Room No., if any _____
Street 15528 Woodbrook Tr
City Fort Wayne
State Indiana ZIP Code + 4 46845

3. Any other address where records necessary to verify this report are kept:

Name _____
Title _____
Organization _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. ☐ 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 Darren Skiles
Organization Jeld-Wen, Lexington
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 911 Industrial Ave
City Lexington
State North Carolina ZIP Code + 4 27292

7. Date entered into:

2 / 18 / 2013

8. Name of person(s) through whom made:

Name _____
Name _____
Name _____
Name _____
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.)

13. Signed

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

10/19/15

Date

313 318 3382

Telephone Number

On

10/19/15

Date

Telephone Number

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.):

paid hourly, expenses reimbursed

Specific Activities to be Performed

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

a. Nature of activity:

To inform employees of their section 7 rights and answer questions regarding collective bargaining

11.b. Period during which performed:

2/18/13 - 2/22/13

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Derek ☐ Vitatoe

Organization Harmony in Diversity, Inc

P.O. Box, Bldg., Room No., if any

Street 15528 Woodbrook Tr

City Fort Wayne

State Indiana ☒ ZIP Code + 4 46845

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

production workers

12.b. Identify subject labor organizations:

IAM