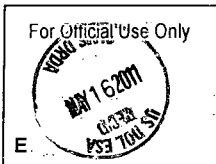


FORM LM-20

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.

459740

1. File Number: C- 00488

| Person Filing | |
|--|--|
| 2. Name and mailing address (include ZIP Code): | |
| Name | Matt Perovic |
| Title | Principal |
| Organization | Quantum Consulting |
| P.O. Box, Bldg., Room No., if any | |
| Street | 10917 Kilpatrick |
| City | Oak Lawn |
| State | Illinois |
| ZIP Code + 4 | 60453 |
| 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: | 5. Type of person: |
| Dec / 31 | a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): |

| Nature of Agreement or Arrangement | |
|---|------------------|
| 6. Full name and address of employer with whom made (include ZIP Code): | |
| Name | Jim Teague |
| Organization | LRI |
| Trade Name, if any | VP |
| P.O. Box, Bldg., Room No., if any | P.O. Box 1529 |
| Street | 7850 S Elm Place |
| City | Borken Arrow |
| State | Oklahoma |
| ZIP Code + 4 | 74011 |
| 7. Date entered into: 4 / 22 / 2011 | |
| 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 <u>Matt Perovic</u> | President (If other title, see instructions) | 14. Signed _____ | Treasurer (If other title, see instructions) |
| Title <u>President</u> | | Title <u>Other (Specify)</u> | |
| On <u>05/07/2011</u> | <u>708-423-7786</u> | On _____ | _____ |
| Date | Telephone Number | 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.):

\$187.50 per hour for all hours worked
Plus Incurred expenses.

Specific Activities to be Performed

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

a. Nature of activity:

To persuade employees to exercise or not to exercise their right to choose or not to choose representation for the purposes of collective bargaining.

11.b. Period during which performed:

April-through end of campaign, 2011

11.c. Extent performed:

various employee group meetings

11.d. Name and address through whom performed:

Name Kent Whitney

Organization Multiband

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

Street 9449 Science Center Drive

City New Hope

State Minnesota

ZIP Code + 4 55428

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:

Technicians and Warehousemen

12.b. Identify subject labor organizations:

Local 6300

CWA