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

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



1. File Number:

Person Filing

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

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.

Name Carina M. Hunt	Name Philip Wilson
Title President	Title President
Organization C. Hont Management Consulting Inc.	Organization Labor Relations Institute.
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 401 Low Henry Ct	Street 7850 South Elm Place
City Southlake	City Broken Arrow
State Ty ZIP Code + 4 Tupa 2	State Oklahoma ZIP Code + 4 7401
Date fiscal year ends: 5. Type of person:	
17 / 3\ 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):	7. Date entered into: 10 /23 / 13
Name John Mc Courthy	8. Name of person(s) through whom made:
Organization Trombly Motor Coach	6. Name of person(s) through whom made.
Trade Name, if any	Nате
P.O. Box, Bidg., Room No., if any	Name
Street PO BUY 190	Name
city Dracut	Name
State MA ZIP Code + 4 01826	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 President	14. Signed Treasurer
(If other title, see instructions)	(If other title, see instructions)
Title Frestdent	Title
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On 12/31/13	On Date Telephone Number
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Filer Carina Hunt C. Hont Monagoner	+ Consultry ne File Number C- DOGA)	
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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.): Provide employee education reparding employee section of rights vider the National Labor Rulations Act.		
Specific Activities to be Performed 11. For each activity, separately list in detail the information required (See instructions):		
a blade on the mathematical and the second of the second o		
Education 1 employees regarding their Section 7		
Education Jemphyses regarding their Section 7 rights under the NIRA.		
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11.b. Period during which performed:	11.c. Extent performed:	
various days beginning 6/30/13	Additional Name and address through whom performed, if any:	
11.d. Name and address through whom performed:	Name	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street	Street	
City	City	
State ZIP Code + 4	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
various employees.	Pre-petition	