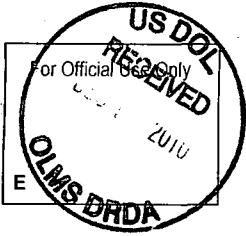


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

440954

1. File Number: C- 680

Person Filing

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

Name Ronald L. Mason

Title President/Treasurer

Organization Midwest Management Consultants, Inc.

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

Street 425 Metro Place N., Suite 620

City Dublin

State Ohio

ZIP Code + 4 43017

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

Name n/a

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 Scott Fisk, President

Organization MEVA Formwork Systems, Inc.

Trade Name, if any

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

Street 2000 Airpark Drive

City Springfield

State Ohio

ZIP Code + 4 45502

7. Date entered into:

10 / 14 / 10

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

Name Scott Fisk

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

Ronald L. Mason

President
(If other title, see
instructions)

Title President

14. Signed

Ronald L. Mason

Treasurer
(If other title, see
instructions)

Title Treasurer

On

11/19/10
Date

614 734 9450

Telephone Number

On

11/19/10
Date

614 734 9450

Telephone Number

Filer: Ronald Mason Midwest Management Consultants, Inc.	File Number C-
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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.):

Verbal agreement to represent MEVA in campaign against becoming a union shop. Agreement has never been reduced to writing, is for no specific time, and may be terminated by either party at any time. All consultations billed at \$175.00 per hour including travel time and expenses incurred accordingly.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Giving speeches, preparing written materials for distribution, and conducting meetings with warehouse employees and management for purposes of remaining a non-union shop	
11.b. Period during which performed: 10/14/10 to present	11.c. Extent performed: continuing
11.d. Name and address through whom performed: Name Scott Fisk, President Organization MEVA formwork Systems, Inc. P.O. Box, Bldg., Room No., if any Street 2000 Airpark Drive City Springfield State Ohio ZIP Code + 4 45502	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: All full time and regular part-time warehouse employees	12.b. Identify subject labor organizations: Teamsters Union Local 957