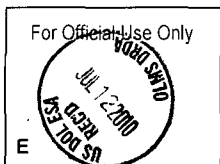


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

431824

1. File Number: c- 569

Person Filing

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

Name Bradley White

Title Pres

Organization Interlate Systems

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

Street 145 S Lincolnway

City N. Aurora

State IL

ZIP Code + 4 60542

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:

12 / 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

Organization Chicago Int'l Trucks

Trade Name, if any

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

Street 1827 Nallen office Square

City Schaumburg

State IL

ZIP Code + 4 60173

7. Date entered into:

1 / 1 / 10

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

Name Julie Bartell (H.R.)

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

7-1-10

Date

630 966 0214

Telephone Number

On

Date

Telephone Number

Filer:	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.):

Work on an hourly basis, as needed, to communicate employer's position re: organization. Paid by LRI as contractor/agent.

Specific Activities to be Performed

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

a. Nature of activity: Attend meetings with various managers and unit employees and assist management in the development and delivery of its message regarding unionization to voting unit.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization LRI Consulting

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

Street

City Broken Arrow

State OKLAHOMA ZIP Code + 4 74011

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:

Drivers and Parts

12.b. Identify subject labor organizations:

IAMAW