FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

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This report is mandatory under P.L. 88-257, 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.

559235

1. File Number:	C- 00525

Person Filing

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name	Name
Title	Title
Organization LR1 Consulting Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 South Elm Place, Suite E	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74011	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):	7. Date entered into: 5 / 21 / 2014
Name	8. Name of person(s) through whom made:
Organization Saginaw Chippewa Tribe of Michigan	Name Steve Pego
Trade Name, if any Soaring Eagle Casino and Resort	Name
P.O. Box, Bldg., Room No., if any	Name
Street 7500 Soaring Eagle Blvd.	Name
City Mt. Pleasant	Name
State MI ZIP Code + 4 48958	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 (If other title, see instructions)	14. Signed	Treasurer (If other title, see instructions)
Title CEO		Title President	
On 7/2/2014 Date	918-455-9995 Telephone Number	On 7/2/2014 Date	918-455-9995 Telephone Number

Filer: LRI Consulting Services, Inc.	File Number C- 00525

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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.

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10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

See Attached

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:	11.c. Extent performed:
various days beginning 5/22/14	Fully Performed

11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name John Cevallos	Name Byron Clay
Organization Cevallos Consulting Services	Organization BJC and Associates Inc
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 8553 San Clemente Drive	Street 10108 Fehlberg Court
City Rancho Cucamonga	City St John
State California ZIP Code + 4 91730	State IN ZIP Code + 4 46379

12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
various employees	pre-petition