

U.S. Department of Labor Office of Labor-Management Standards

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budge!
No. 1245-0003
Expires 10-31-2013



1. File Number:

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| Person Filing | |
|---|--|
| 2. Name and mailing address (include ZIP Code): | 3. Any other address where records necessary to verify this report are kept: |
| Name Byron J Cláy | Name |
| Tille President | Title |
| Organization BJC Enterprises, Inc. | Organization |
| P.O. Bòx, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any |
| Street 10108 Fehlberg Court | Street |
| Cily Saint John | City |
| State Indiana ZIP Code + 4, 46373 | State* ZIP Code + 4 |
| 4. Date fiscal year ends: 5. Type of person: | |
| Dec / 34 California Pa. V Individual b. Partinership. | Corporation - d. Other (Specify) or corporation - d. Other (Specify) or corporation - d. |

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|--|---|------------|
| Nature of Agreement or Arrangement | | • • |
| 6. Full name and address of employer with whom made (include ZIP Code): | 7. Date entered into: | |
| Name Ralph Sperry | 11 / 29 / | 2012 |
| Organization The May Institute | 8. Name of person(s) through whom made: | |
| Trạde Name, if any | Name | |
| P.O. Box; Bldg., Room No., if any | Name | |
| Street 41 Pacella Park Drive | Name | |
| City Randolph | Name | |
| State Massachusetts ZIP Code + 4 02368 | Name | , |

| | | | Sign | atures | | | |
|-------------|----------------------|--|--|------------------------------------|--|--|--|
| the informa | ation contained in a | lares, under penalty of perjun iny accompanying document See <i>Section VII</i> on penalties | s) has been examine | e penalties of l d by the signa | aw, that all of the interpretation or and is, to the b | nformation submitted in this ruest of the undersigned's know | eport (including wledge and belief; |
| 43. Signed | President | | President (If other title, see instructions) | 14. Signed (Title | Treasurér | | Treasurer (If other title, see instructions) |
| Öń | 01/10/2013 Date | 219-365-9457 Telephone Numbe | | On | 1/10/2013 | 219-365-9457 | |
| | Date | relephone Numbe | | | Date | Telephone Number | |

| Filer Byron Clay BJC Enterprises, Inc. | File Number C- | | | | |
|---|--|--|--|--|--|
| 9. Check the appropriate box to indicate whether an elimit of the admitting up | described for the sale of the sale of | | | | |
| Check the appropriate box to indicate whether an object of the activities unit | pertaken, is directly or indirectly: | | | | |
| a. To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing. | employees as to the manner of exercising, the right to organize and bargain | | | | |
| 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 agreemen | to do not be "Stanbard V | | | | |
| No written agreement. I was engaged by LRI, Inc. | | | | | |
| employees can make an informed decision on their | | | | | |
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| Specific Activities to be Performed | | | | | |
| For each activity, separately list in detail the information required (See instria. Nature of activity; | uctions): | | | | |
| Held meetings to inform employees on all aspects | of unionization so that employees can make an | | | | |
| informed decision on their vote to be represented | by a union. | | | | |
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| 11.b. Period during which performed: | 11.c. Extent performed: | | | | |
| Various days beginning 11/30/2012 11.d. Name and address through whom performed: | Completed Additional Name and address through whom performed, if any: | | | | |
| Name Byron J Clay | Name | | | | |
| • | TVATILE | | | | |
| Organization BJC Enterprises, Inc. | Organization | | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | | | | |
| Street 10108 Fehlberg Court | Street | | | | |
| City Saint John | City | | | | |
| State Indiana ZIP Code + 4 46373 | State ZIP Code + 4 | | | | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | | | | |
| Non-Professional Employees | Service Employees International Union | | | | |
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