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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



C- 00525

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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Person Filing				· · · · · ·	
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 LRI 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:	5. Type of person:				
Dec / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify):			
Nature of Agreement or Arrangemen	ıt				
6. Full name and address of employer v	vith whom made (include ZIP Code):	7. Date entered into: 10 / 4 / 2010			
Name		8. Name of person(s) through whom made:			
Organization Tharco					
Trade Name, if any		Name Angela Phillips			
P.O. Box, Bldg., Room No., if any		Name			
Street 2222 Grant Avenue		Name			
City San Lorenzo		Name			
State California	ZIP Code + 4 94580	Name			
<i>~</i>	Signa	itures	~~~~		
the information contained in any accomp true, correct, and complete (See Secti	er penalty of perjury and other applicable panying edgements) has been examined by /// of penalties in the instructions.)	penalties of liby the signa	aw, that all of the info tory and is, to the bes	rmation submitted in this report (includ at of the undersigned's knowledge and b	ing belief,
13. Signed the 1	President (If other title, see	14. Signed	theatel !	Treasurer (If other titl	le, see
Title President	instructions)	Title	Treasurer	instructions	3)
On 10/26/2010 91	8-455-9995	On	10/26/2010	918-455-9995	
Date	Telephone Number		Date	Telephone Number	

Filer:	LRI Consulting Services Inc			File Number C- 00	525
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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.):

Oral agreement, \$3000 per consultant per day, \$1500 per consultant per 1/2 day plus reasonable travel expenses. A \$15,000 retainer is required. Consulting will be charged against the retainer. Client will receive regular statements outining the number of hours expended on their behalf.

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.

1.b. Period during which performed:	11.c. Extent performed: Fully Performed Additional Name and address through whom performed, if any:				
varius days beginning 10/5/10					
1.d. Name and address through whom performed:					
lame	Name				
rganization Clegg & Associates Management Corp	Organization P.O. Box, Bldg., Room No., if any Street				
.O. Box, Bldg., Room No., if any					
treet 17583 26 Ave					
ity Surrey, BC Canada	City				
tate Other ZIP Code + 4	State ZIP Code + 4				
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
various employees	pre-petition				