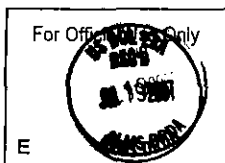


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

331 204

1. File Number: c-363

Person Filing

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

Name William P. Wheeler

Title Labor Relations Consultant

Organization

P.O. Box, Bldg., Room No., if any Park Towers, Suite 1509

Street 1620 East Broad Street

City Columbus,

State Ohio

ZIP Code + 4 43203

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

Name William P. Wheeler

Title Labor Relations Consultant

Organization Midwest Management Consultants, Inc.

P.O. Box, Bldg., Room No., if any Suite 620

Street 425 Metro Place North

City Dublin,

State Ohio

ZIP Code + 4 43017

4. Date fiscal year ends:

12 / 07

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 National Distribution Center

Organization NFI Industries

Trade Name, if any NFI

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

Street 1515 Burnt Mill Road

City Cherry Hill

State NJ

ZIP Code + 4 08003

7. Date entered into

06 / 25 / 07

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

Name Rob Barron

Name Jeff Gaal

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


President
(If other title, see instructions)

Title President

14. Signed


Treasurer
(If other title, see instructions)

Title Treasurer

On

07/12/07

Date

614-252-2524

Telephone Number

On

Date

Telephone Number

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 NFI in campaign against becoming a union shop at their National Distribution Center in New Concord, Ohio. Agreement is for no specific time. Agreement has never been reduced to writing. Agreement may be terminated at any time by either party. All consultations billed at the rate of \$175.00 per hour including travel 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 both employees and management at National Distribution Center for purposes of addressing questions as to the rights afforded under the National Labor Relations Act.

11.b. Period during which performed:

June 25, 2007 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Rob Barron, NFI Legal

Organization NFI Industries

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

Street 1515 Burnt Mill Road

City Cheery Hill

State NJ

ZIP Code + 4 08003

Additional Name and address through whom performed, if any:

Name Jeff Gaal, General Manager

Organization National Distribution Center

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 part-time associates employed at National Distribution Center in New Concord, Ohio.

12.b. Identify subject labor organizations:

Teamsters Union Local No. 637