U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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.

1. File Number: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Claire MCChristy Name Parsidery Title Organization The Employee Cansulting Greap Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 597 Bawen ESTATES Pd Street Russellville City City ZIP Code + 4 72802 AK. State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Individual b. Partnership c. X Corporation d. Other (Specify): Dec **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 8/5 /2009 Name 8. Name of person(s) through whom made: Organization Name Trade Name, if any LRI Cansulting Senvices, INC Name P.O. Box, Bldg., Room No., if any Street 7850 Saurh Elm PIACE Name City Braken AHROW Name ZIP Code + 4 740 // State OK 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 Ku Treasurer (If other title, see (If other title, see instructions) Title Treasurer instructions) President On 4/14/10 447-280-1087

Date Telephone Number

Filer:	The	Employee	Cansulting	6 HOUP
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File Number C- @0525

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.):

Agreement to provide Consultation, to give speechs to employees about exercising Theresight to angange and bargain Collectively

Specific Activities to be Performed

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

Hined To give 3 peechs to employees regarding exercising their rights to ougmine and baryain collectively

11.b. Period during which performed:	11.c. Extent performed:	
VARIOUS day beginning 8/5	ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Clain& MCChristy	Name	
Organization The Employer Cansulting GROUP	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 597 Barren Estates Rd.	Street	
city Russellville	City	
State AK ZIP Code + 4 72802	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Marchause and Production	MINE WORKERS	