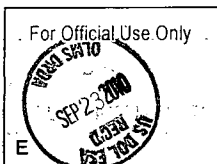


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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.

437106

1. File Number: C- 00488

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Matt Perovic	Name
Title Principal	Title
Organization Quantum Consulting	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 10917 Kilpatrick	Street
City Oak Lawn	City
State Illinois ZIP Code + 4 60453	State ZIP Code + 4
4. Date fiscal year ends:	5. Type of person:
Dec / 31	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:
Name James Teague	9 / 3 / 2010
Organization Labor Relations Institute	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 7850 South Elm Place	Name
City Broken Arrow	Name
State Oklahoma ZIP Code + 4 64013	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 Mat Perovic
Title President

President
(If other title, see
instructions)

14. Signed _____
Title Other (Specify)

Treasurer
(If other title, see
instructions)

On 09/16/2010 708-423-7786
Date 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.):

\$1500 per day or \$750 for each half day worked
Plus Incurred expenses.

Specific Activities to be Performed

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

a. Nature of activity:

To persuade employees to exercise or not to exercise their right to choose or not to choose representation for the purposes of collective bargaining.

11.b. Period during which performed:

Various Days, September, 2010

11.c. Extent performed:

Employee meetings

11.d. Name and address through whom performed:

Name Rick Frawley

Organization Blue Rhino

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

Street One Liberty Plaza

City Liberty

State Missouri

ZIP Code + 4 64068

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Drivers

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters