

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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For Official Use Only

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants, who are engaged in the representation of Organizations Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959.

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number: C- 00525

340839

Person Filing

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

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State OK ZIP Code + 4 74011

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

Name

Title

Organization

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

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

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

Organization Magic Beans

Trade Name, if any

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

Street 1319 Beacon Street, Third Floor

City Brookline

State MA ZIP Code + 4 02446

7. Date entered into:

11 / / 2007

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

Name Sheri Gurock

Name

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 not Ready To Sign in the instructions.)

13. Signed

Title President

President  
(If other title, see instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see instructions)

Stamp

Delete

On 12/6/2007

Date

918-455-9995

Telephone Number

Clear Signatures

On 12/6/2007

Date

918-455-9995

Telephone Number

Filer: LRI Consulting Services, Inc

File Number C- 00525

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 speeches to employees about exercising their right to organize 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:

**TEST PG. CNT**

Employed to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

11/9-11/15/2007

11.c. Extent performed:

fully performed

11.d. Name and address through whom performed:

Name Frank Barbera

Organization Frank Barbera & Associates

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

Street 3308 Ariba Street

City Las Vegas

State NV ZIP Code + 4 89129

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:

Warehouse and Drivers

12.b. Identify subject labor organizations:

Teamsters