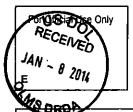
S. Department of Labor Cffice of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013



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.

539105

. File Number: C- 00525						
Person Filing						
Name and mailing address (include ZIP Code):			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):						
· · · · · · · · · · · · · · · · · · ·	<u> </u>					
Nature of Agreement or Arrangemen	nt					
6. Full name and address of employer with whom made (include ZIP Code): 7.			7. Date entered into:			
Name			, , , , , , , , , , , , , , , , , , ,			
Organization MartinTransporation Systems			8. Name of person(s) through whom made:			
Trade Name, if any			Name Richard Dabney			
P.O. Box, Bldg., Room No., if any			Name			
Street 7300 Clyde Park Avenue SW			Name			
City Byron Center			Name			
State MI	ZIP Code + 4 49315	Name				
	Sign	atures				
the information contained in any accord	der penalty of perjury and other applicable in panying documents) has been examined from VII on penalties in the instructions.) President	e penalties of la d by the signate 14. Signed	w, that all of the informatory and is, to the best of	ation submitted in this re the undersigned's knov	port (including vledge and belief, Treasurer	
Je years 1 - 50 c	(If other title, see instructions)		Dan ed de et		(If other title, see instructions)	
Title CEO		Title	President			
0 10/00/000	212 455 2225	_	10 (00 (00-0			
On 12/30/2013 Date	918-455-9995 Telephone Number	On	12/30/2013 Date	918-455-9995 Telephone Number		
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orm LM-20 (2003)					Page 1 of 2	

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.):				
See Attached					
	*				
Conside Activities to be Darleymon					
Specific Activities to be Performed	lana):				
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					
Engaged to communicate to employees regarding exercising their rights to organize and bargain correctivery.					
11.b. Period during which performed:	11.c. Extent performed:				
various beginning 11/7/13	Fully Performed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Carina Hunt	Name				
Organization C Hunt Management Consulting Inc	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 701 Love Henry Court	Street				
City Southlake	City				
State TX ZIP Code + 4 76092	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Fleet mechanics, mechanic helpers, and truck wash employees	Teamsters				