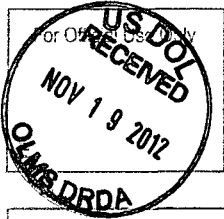


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 80-257, 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(a) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

507379

1. File Number: c- 696

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Rebecca Smith	Name
Title President	Title
Organization Taltos Consulting, Inc	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 1474 Lodgepole Dr	Street
City Henderson	City
State Nevada ZIP Code + 4 89014	State ZIP Code + 4
4. Date filed (year on):	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 Thomas Lavalie	8 / 11 / 2012
Organization GE	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 3135 Easton Turnpike E2F-98	Name
City Fairfield	Name
State Connecticut ZIP Code + 4 06828	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 Rebecca Smith President
(If other title, see instructions)
Title President

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 11/13/2012 702-494-8416
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.):

Temporary consulting Flat rate plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Meetings with employees to discuss the pros and cons of unionizing

11.b. Period during which performed:

08/29/2012 to 09/13/2012

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Phil Wilson

Organization LRI

P.O. Box, Bldg., Room No., if any PO Box 1529

Street 7850 South Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 74013

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:

Manufacturing employees

12.b. Identify subject labor organizations: