U.S. Department of Labor fice of Labor-Management Standards

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)

602145

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00525			
1.1 lie Mullibel. C- 00323			
Person Filing			
Name and mailing address (include ZIP Code):		3. 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):	
Nature of Agreement or Arrangemen	nt		
6. Full name and address of employer v	vith whom made (include ZIP Code):	7. Date entered into: 9 / 11 / 2015	
Name			
Organization Ashley Furniture Industries Inc		8. Name of person(s) through whom made:	
Trade Name, if any		Name Gregory Kammer	
P.O. Box, Bldg., Room No., if any		Name	
Street One Ashley Way		Name	
City Arcadia		Name	
State wi	ZIP Code + 4 54612	Name	
	Sign	atures	
the information contained in any accord	der penalty of perjury and other applicable appanying documents) has been examined from VII on penalties in the instructions.) President (If other title, see instructions)	14. Signed Title President Title	
On 12/17/2015	918-455-9995	On 12/17/2015 918-455-9995	
Date	Telephone Number	Date Telephone Number	

Filer. LRI Consulting Services, Inc.	File Number C- 00525		
9. Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:		
a. To persuade employees to exercise or not to exercise, or persuade em collectively through representatives of their own choosing.	ployees as to the manner of exercising, the right to organize and bargain		
	ployees or a labor organization in connection with a labor dispute involving nadministrative or arbitral proceeding or a criminal or civil judicial proceeding.		
10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached.):		
Verbal agreement. \$2,000 per day per consultant plus rea	asonable travel expenses.		
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Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instruct	ions):		
a. Nature of activity:			
Engaged to communicate to employees regarding exercising	g their rights to organize and bargain collectively.		
11.b. Period during which performed:	11.c. Extent performed:		
various days beginning 9/14/15	Fully Performed		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Michael Rosado	Name Amed Santana		
Organization M Rosado Manaement Consultants LLC	Organization Santana International Inc		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 5 Quail Court	Street 5908 Via Cuesta Dr		
City Englewood	City El Passo		
State NJ ZIP Code + 4 07024	State Texas ZIP Code + 4 79912		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Workers Employed With Respect To Furniture Manufacturing Including But Not Limited To Manufacturing, Sanding, Upholstery, Milling, Router Operators, Assembler, Clean Up, Foam Mill, Packeting, Material Handler, Production Worker, Framing, Foam Seal, Quilters, Tapers, Stagers, Quality Control, Wood Department, Line Suppliers, Lab Department, Motion Lanes and Emerol Department. For Purposes Of Ample Clarity, the Unit Is Intended To Consist Of Employees Described in the First Sentence, Irrespective Of What Department They Work in and Whether Or Not They Are Specifically	Carpenters & Joiners		

Specific Activities to be Performed (Continuation Page)

- 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.

11.b. Period during which performed:	11.c. Extent performed:	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Eric Vanetti	Name William Herrera	
Organization Vantage Point Alliance	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 18632 River Crossing Blvd	Street 9427 Reston Grove Lane	
City Davidson	City Houston	
State North Carolina ZIP Code + 4 28036	State TX	
Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:	
Name Evelyn Fragoso	Name Carlos Flores	
Organization Quality Labor Relations Inst Inc	Organization C&C Consultant	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 2700 Courtleigh Drive	Street 30000 Avenida Cima Del Sol	
City Bakersfield	City Temecula	
State CA ZIP Code + 4 93309	State CA	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Workers Employed With Respect To Furniture Manufacturing Including But Not Limited To Manufacturing, Sanding, Upholstery, Milling, Router Operators, Assembler, Clean Up, Foam Mill, Packeting, Material Handler, Production Worker, Framing, Foam Seal, Quilters, Tapers, Stagers, Quality Control, Wood Department, Line Suppliers, Lab Department, Motion Lanes and Emerol Department. For Purposes Of Ample Clarity, the Unit Is Intended To Consist Of Employees Described in the First Sentence, Irrespective Of What Department They Work in and Whether Or Not They Are Specifically	Carpenters & Joiners .	

Specific Activities to be Performed (Continuation Page)

- 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.

11.b. Period during which performed:		11.c. Extent performed:			
•					
11.d. Name and address through whom performed:		Additional Name and addre	Additional Name and address through whom performed, if any:		
Name Gus Flores		Name	Name		
Organization GNE Consulting Services Inc		Organization	Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No.	P.O. Box, Bldg., Room No., if any		
Street 10850 Church St #E102		Street	Street		
City Rancho Cucamonga		City	City		
State CA	ZIP Code + 4 91730	State	ZIP Code + 4		
Additional Name and address through whom performed, if any:		Additional Name and address through whom performed, if any:			
Name ·		Name			
Organization		Organization	Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any			
Street		Street			
City		City	City		
State	ZIP Code + 4	State	ZIP Code + 4		
12.a. Identify subject groups of employees:		12.b. Identify subject labor organizations:			
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