

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

For Official Use Only

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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.

427 325

1. File Number: C-617

Person Filing

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

Name HERMAN EWIGINS

Title DBA

Organization Wiggins Consulting

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

Street 8017 McKee Blvd

City Oklahoma City

State OK

ZIP Code + 4 73132

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/2007

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 Gestamp

Organization Gestamp Alabama Inc

Trade Name, if any

P.O. Box, Bldg., Room No., if any Suite 150

Street 700 Jefferson Metropolitan Parkway

City McCalla

State Alabama

ZIP Code + 4 3511

7. Date entered into:

1 / 1 / 10

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

Name Jeffery Wilson

Name

Name

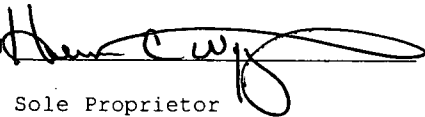
Name

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 complete. (See Section VII on penalties in the instructions.)

13. Signed



President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

4/20/2012 (405) 203-4367

Date

Telephone Number

On

Date

Telephone Number

Filer:	File Number C-
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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.):

Conduct pre-petition assessment and consult with management

Specific Activities to be Performed

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

- a. Nature of activity: Assist Company with Communication Meeting with employees and consult with management.

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

Name

Organization

Organization

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

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

Street

Street

City

City

State

ZIP Code + 4

State

ZIP Code + 4

12.a. Identify subject groups of employees:

All Hourly Associates including Clerical

12.b. Identify subject labor organizations:

NONE