200588-0829/ NAG

U.S. Department of Labor Office of Labor Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approve Office of Manager and Budget No. 1215-0188 Expires 11-30-20

	Expires 11-30-20
This report is mandatory under P.L. 88-257, as amended. F	alliare to compily may result in criminal prosecution, lines, or civil
For Official Use Only penalties as provided by 29 U.S.C. 439 or 440. Required of	persons, including Labor Relations Consultants and Other Individuals agement Reporting and Disclosure Act of 1959, as amended. (LMRDA)
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MITUAR	JULY BEFORE PREPARING THIS REPORT.
428173	
1. FRENUMBER C	
Person Filing	
2. Name and mailing address (include ZIP Code): Name ()	3. Any other address where records necessary to verify this report are kept:
Name CHARLES 1 2001114	Name // C
Once a Cott	Name N/F
Title Packet D Land	Total
Organization WIGO, INC.	Organization
	and an out from the stand
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg. Room No., if any
P.O. Box, Bidg., Room No., if any Street 207 GAYIN NEDE.	Street
any Columbus	City
70-223	
State MIS ZIP Code+4 3//04	State ZIP Code + 4
4. Date fiscal year entis: 5. Type of person:	
12/31/ 2/05 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):	. 7. Date enterediato:
Plumic Caparation	
Name Poly ONES Composition	8. Name of perspr(s) through whom made:
Organization	1 OKE ENTE
Trade Name, if any	Name LENAIS PLEAURCES
P.O. Box, Bldg., Room No., if any WOINER ROAD Street 33587 City AVON LAKE, OH.	Name Hum An ILL
Street 33587 Workers	Name
Time LARE, OH.	
State 71P Code + 4 4 012	Name
State ZIP Code +4 TT U/ C	Name
S:	
Each of the undersigned declares, under penalty of perjury and other applicable	and the state of the state of the information extensited in this report (including)
the information contained in any accompanying documents) has been examined	
true, correct, and compilete. (See Section VII or penalties in the instructions.)	
13. Signed A President	14. Signed Carolin of Smith Theasurer
(If other title, see	((figither title, see
Title President	Title Treasurer
12/0/2- (11-) 370-7700	03/1/ - (N37278 7000)
on 03/10/05 (6/2) 328-7:380	on 03/10/05 (6/2) 328-7350
Daté Telephone Number	Daté Telephone Number
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9. Check the	appropriate box to Indicate	whether an object of the act	ivilies undertaken, is directly	or indirectly:	
a V To	persuade employees to ex lectively through represent	ercise or not to exercise, or patives of their own choosing.	persuade employees as to th	e manner of exercising, the	e right to organize and bargain
ьПю	supply an employer with in	formation concerning the ac	fivilies of employees or a labo	or organization in connection	an with a labor dispute involving
\$U	h employer, except inform	ation for use solely in conjun	ction with an administrative o	or arbitral proceeding or a c	ziminal or civil judicial proceed
10. Terms and	conditions (Explain in dat	all; see instructions. Written	agreements must be attached	4	maler Cons
for 02/19	A TOTAL NOS THE DOY F	1802 CON. 1 OZ/23 1 A 10	(10) DAY	STHOSE A RATE 12,000,0	NARJES SMIT GENNÎ OF \$1200
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	ties to be Performed	ail the information required (
11.b. Period di	ring which performed:		See instructions): (1) Part St. 11.c. Extent per	ormed Compl	The state of the s
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Name Organization P.O. Box, Bldg	Pally ONE.	Corpor	CO P.O. Box, Bldg	SRME	
City State	DION L	A IL-E ZIP Code + 4 44	F-012 State	and the state of t	ZIP Code + 4
12.a. Identify sa	toject groups of emptoyees:	aly Emplo		MariTEO	Auso Work
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