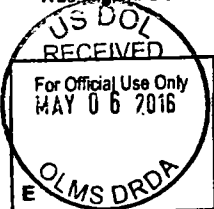


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

619638

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C-66660

Person Filing

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

Name Khanh Tran
Title Consultant
Organization
P.O. Box, Bldg., Room No., if any P.O. Box 1501
Street
City Lake Forest
State California ☒ ZIP Code + 4 92609

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 ☒ / 15

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 Jesse Correia
Organization Carlisle Interconnect Technologies
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 7911 South 118th St., Ste. 100
City Kent
State Washington ☒ ZIP Code + 4 90245

7. Date entered into:

4 / 25 / 2014

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

Name
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

Title Other (Specify) ☒

Consultant

On

12/14/15
Date

Telephone Number

President
(If other title, see
instructions)

14. Signed

Title Treasurer

On

Date

Telephone Number

Treasurer
(If other title, see
instructions)

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.):

Provided consultation and give meetings to employees about National Labor Relations ACT

Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and give meetings to employees about National Labor Relations ACT and their rights under section 7.

11.b. Period during which performed:

4/28/15 - 7/4/2015

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization LRI consulting services, inc.

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

Street 7650 S. Elm Place

City Broken Arrow

State Oklahoma



ZIP Code + 4 74011

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:

Warehouse and production employees

12.b. Identify subject labor organizations:

Teamsters