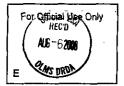
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006



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.

1. File Number: C-363 3(0(0.2916)								
Person Filing								
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:							
Name William P. Wheeler	Name William P. Wheeler							
Title Labor Relations Consultant	Title Labor Relations Consultant -							
Organization	Organization Midwest Management Consultants, Inc							
P.O. Box, Bldg., Room No., if any Park Towers/Suite 150	P.O. Box, Bidg., Rcom No., if any Suite 620							
street 1620 East Broad Street	Street 425 Metro Place North							
City Columbus	City Dublin							
State 0h io . ZIP Code + 4 43203	State Ohio ZIP Code + 4 43017							
4. Date fiscal year ends: 5. Type of person:								
12 / 08 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 entered into:							
Name Mr. Brent Gerken, President	06 25 08							
Organization Gerken Leasing Company, Ltd.	8. Name of person(s) through whom made:							
Trade Name, if any The Gerken Companies	Name Mr. Brent Gerken, President Name Mrs. Kimberly Edwards, HR Manager							
P.O. Box, Bldg., Room No., if any P.O. Box 607								
Street	Name							
city Na pol eon	l Name							
State Ohio ZIP Code + 4 43545	Name							
Signa	atures							
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined	penalties of law, that all of the information submitted in this report (including if 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	14. Signed Treasurer (If other title, see							
Title President Structions)	Title Treasurer instructions)							
on 07/24/08 614-252-2524	On							
Date Telephone Number	Date Telephone Number							
orm LM-20 (2003)	Page 1 of 2							

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Filer:	William P.	Wheeler					,	File Nu	ımber C	-	363	

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
a. XX 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 coganization 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.):

Verbal agreement to represent Gerken Leasing against becoming a union shop. Agreement is for no specific time, has never been reduced to writing, and may be terminated by either partyaat any time. All consultations billed at the hourly rate of \$175.00, including travel time and expenses incurred accordingly.

Specific Activities to be Performed

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

Giving speeches, preparing written materials for distribution, and conducting meetings with employees and management for purposes of remaining non-union.

11.b. Period during which performed:	11.c. Extent performed:
06/25/08 to present	continuing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
^{Name} Mr. Brent Gerken, President	Name Mrs. Kimberly Edwards, HR Manager
Organization Gerken Leasing Company, Ltd.	Organization
P.O. Box, Bldg., Room No., if any P.O. Box 607	P.O. Box, Bldg., Rocm No., if any
Street	Street
^{City} Napoleon	City
State Ohio ZIP Code + 4 43545	State ZIP Code + 4
12.a. Identify subject groups of employees: a. all full-time and regular part-time dump truck drivers, live bottom dump truck drivers, semi dump truck driver low boys and tankers.	12.b. Identify subject labor organizations: b. Teamsters Union Local #20 \$,