U.S. Pepartment 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 09-30-2011

For Official Use Only

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)

File Number: C. 696  Person Filing 2. Name and mailing address (include ZIP Code): Name Relocacca in Smith Title Consistent Table Organization Table Sols Address Organization Table Organization Table Organization Table Organization P.O. Box, Bidg., Room No., if any Street City State Title  ZIP Code + 4 Date fiscal year ends: Discrete Size Title Trade Organization Name Partnership Discrete Size Title Trade Organization Name Partnership Discrete Size Title Trade Organization Name Partnership Organization Orga	READ THE INSTRUCTIONS CAREFUL	LV PETODE DECEMBER 1	
Person Filing  2. Name and malling address (include ZIP Code):  Name Rebecca in Smith  Title Country  Title Treasurer  Title Tre		LY BEFORE PREPARING THIS REPORT.	
Person Filing  2. Name and mailing address (include ZIP Code):  Name  Relocace in Smith  Title  Consistent  Title  Consistent  Toganization  P.O. Box, Bidg, Room No., if any  Street  Street  Street  Street  Street  A. Date fiscal year ends:  Signatures  Street			
2. Name and mailing address (include ZIP Code):  Name Rebecca in Smith  Title Consideration  Title Consideration  Toganization  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code +4  A Date fiscal year ends:  5. Type of person: a Individual b Partnership c Coapporation  A Date fiscal year ends:  6. Full name and address of employer with whom made (include ZIP Code):  Name  RECIC SHALLER  Name  7. Date entered into:  8. Name of person(s) through whom made:  Name  Steet 433 D Zadi Yale Yello 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 interest) and penalties of law, that all of the information submitted in this report (including interest) and other applicable penalties of law, that all of the information submitted in this report (including interest) and other applicables in the instructions.)  12. 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 interest) in the signatures  Each of the undersigned declares, under penalty of perjury and other applicables of law, that all of the information submitted in this report (including interest) in the penalties of law, that all of the information submitted in this report (including interest) in the instructions.)  12. Signatures  Each of the undersigned declares, under penalty of perjury and other applicables of law, that all of the information submitted in this report (including interest) in the penalties of law, that all of the information submitted in this report (including interest) in the penalties of law, that all of the information submitted in this report (including interest) in the penalties of law, that all of the information submitted in this report (including interest) in the penalties of law, that all of the	The Number. C- D 7 V		
2. Name and mailing address (include ZIP Code): Name Rebecca in Smith Title Constitute Title Organization Tournation Organization P.O. Box, Bidg., Room No., if any Street City State  ZIP Code +4  A Date fiscal year ends:  5. Type of person: a Individual b Partnership c Organization Organization P.O. Box, Bidg., Room No., if any Street City State  ZIP Code +4  A Date fiscal year ends:  5. Type of person: a Individual b Partnership c Organization Organization P.O. Box, Bidg., Room No., if any Street City State  ZIP Code +4  A Date fiscal year ends:  5. Type of person: a Individual b Partnership c Organization A Date fiscal year ends:  6. Full name and address of employer with whom made (include ZIP Code): Name ERTIC SHALLER Organization CROSS Room No., if any Street City A ST Date entered into: A Name Name Name Name Name Name Name Name	Person Filing		
Name Rebecca in Smith Title Constituted to Constitute to Title Organization Taltos Constituted Title Organization P.O. Box, Bidg., Room No., if any Street SSY Mahaca City State  ZiP Code + 4  4. Date fiscal year ends:  a Individual b Partnership c Oesporation a Other (Specify):  Name FRECT State  Trade Name, if any P.O. Box, Bidg., Room No., if any Street 1330 Supply with whom made (include ZiP Code):  7. Date entered into:  8. Name of person(s) through whom made: Name Name Name Name Name Name Name Name	Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Title Consistant to Consistant to Consistant Title Congenization Total Scars Street Chy Street Size Total Street Street Street Chy Street Street Chy Street Street Chy State Total Chy Chy Chy State Total Chy	Name Rebecca in Smith		
Organization Tathos Consulting Inc.  Organization Tathos Consulting Inc.  Organization  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Date facal year ends:  5. Type of person:  a Individual b Partnership c Tearporation d Other (Specify):  Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name  RECIC Sath Inc.  Organization  7. Date entered into:  8. Name of person(s) through whom made:  Name  Street 430 Sath Valles View Bid  Name  Street 430 Sath Valles View Bid  Name  N	C 1 Land		
P.O. Box, Bidg., Room No., if any Street SSY Mahard City State ZIP Code + 4 833 cl State ZIP Code + 4  4. Date fiscal year ends: 5. Type of person: a Individual b Partnership c Teorporation d Other (Specify):  Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name ERTC SACUATE Organization OR DER TO Organization OR DER TO Street 433 O SACH VAILE VIEW BLd Name Name Name Name Name Name Name Name	The Cassilting INC	I de	
Street  City  City  State  ZIP Code +4  S3SCI  State  ZIP Code +4  S3SCI  State  ZIP Code +4  State  Name  State  State  ZIP Code +4  State  Name  N	Organization (alto)	Organization	
City  State  ZIP Code + 4  833C1  State  ZIP Code + 4  4. Date fiscal year ends:  a Individual b Partnership c Corporation d Other (Specify):  Nature of Agreement or Arrangement  6. Futh name and address of employer with whom made (include ZIP Code):  Name  ECT C State To Corporation  7. Date entered into:  8. Name of person(s) through whom made:  Name  Name  Name  Name  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 doclinghents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and ecomptey, Sec Section VII on pleptifiles in the instructions.)  Title  President  Title  Treasurer	P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any	
City  State  ZIP Code + 4  833C1  State  ZIP Code + 4  4. Date fiscal year ends:  a Individual b Partnership c Corporation d Other (Specify):  Nature of Agreement or Arrangement  6. Futh name and address of employer with whom made (include ZIP Code):  Name  ECT C State To Corporation  7. Date entered into:  8. Name of person(s) through whom made:  Name  Name  Name  Name  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 doclinghents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and ecomptey, Sec Section VII on pleptifiles in the instructions.)  Title  President  Title  Treasurer	Street 554 Mahard	Street	
4. Date fiscal year ends:  a Individual b Partnership c Cerporation d Other (Specify):  Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name ECTC School Section	City Their balls	City	
Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name ERIT C SHOW TO BE	State ID ZIP Code + 4 833c1	State ZIP Code + 4	
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code):  Name ERTC SACHER  Organization OR DER TO  Organization OR DER TO  Name I Ray  P.O. Box, Bldg Room No., if any  Street 4330 Sacht Valles View Blad  Name  Name  Name  Name  Name  Name  State V 2 gc.J  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. Staned Allow Multipresident  Treasurer  (if other tite, see instructions)  Treasurer  Title President  Treasurer  Treasurer  Treasurer  Treasurer  Treasurer  Treasurer  Treasurer	4. Date fiscal year ends: 5. Type of person:		
6. Full name and address of employer with whom made (include ZIP Code):  Name ERT C S C C S C S C S C S C S C S C S C S	a Individual b. Partnership c. Corporation d. Other (Specify):		
6. Full name and address of employer with whom made (include ZIP Code):  Name ERT C S C C S C S C S C S C S C S C S C S			
Name ERIC Statistic  Organization OR DER The State Trade Name, if any  P.O. Box, Bldg Room No., if any  Street 4330 South Valley View Blod  Name  Name  Name  Name  Name  Name  Name  State ZIP Code +4 85 ( 0 3 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 Allow Manue  Treasurer  (If other title, see instructions)  Title President  Title Treasurer  (If other title, see instructions)	Nature of Agreement or Arrangement		
Organization OR DER TO Name  B. Name of person(s) through whom made:  Name  Street 4330 Touth Valley Diew Blod  Name  Na			
Organization  Trade Name, if any P.O. Box, Bldg., Room No., if any Street 4330 South Valle)  Street 4330 South Valle)  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 doctinents) 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  Treasurer  Title  Treasurer	_ <del></del>		
P.O. Box, Bidg., Room No., if any  Street 4330 South Valley Diew Blod Name  Name  Name  Name  Name  Name  Name  Signatures  Each of the undersigned declares, under penalty of penjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying dodiffnents) 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 Allow Matter President (If other title, see instructions)  Treasurer  Title President  Treasurer	Organization OR OER TRO		
Street 4330 South Valle Very State 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 Walls Walls of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed Walls of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed Treasurer  Title Treasurer  Treasurer  On 3. 3. 2. 2. 3. 762-494-2446  On	Trade Name, if any	Name	
Signatures  Each of the undersigned declares, under penalty of penjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying declarents) 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  14. Signed  Treasurer  (If other title, see instructions)  Title  Treasurer  Title  Treasurer  On  33/2013  762-494-6466  On	P.O. Box, Bldg., Room No., if any	Name	
Signatures  Each of the undersigned declares, under penalty of penjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying declarents) 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  14. Signed  Treasurer  (If other title, see instructions)  Title  Treasurer  Title  Treasurer  On  33/2013  762-494-6466  On	Street 4330 South Valley Orco	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 doctiments) 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	city Las Vegas		
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		Name	
the information contained in any accompanying doctiments) 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	Signatures		
13-Signed / Weech Mut President (If other tittle, see instructions)  Title President  On 33/2013 762-494-8466 On	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,		
Title President (If other title, see instructions)  Title Treasurer (If other title, see instructions)  On 3/3/2013 762-494-57/66 On	Ala Sulan		
Title President instructions)  Title Treasurer instructions)  On 3/3/2013 762-494-51/6 On		*	
on 3/3/2013 762-494-84/6 on	(Register)	Treasurer instructions)	
	3/3/3 3 (3/4)		
	on 3/3/2015 762-494-34 CE	On Telephone Number	

Filer	File Number C-	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:    A C NET   Re   O		
Pearlas Extenses		
Constitution of the consti		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):  a. Nature of activity: Advised Management on Onion  fluor dance Comparately list in detail the information required (See instructions):  Should be a comparately list in detail the information required (See instructions):  Should be a comparately list in detail the information required (See instructions):		
Avoidance Compargio Strategy		
11.b. Period during which performed:	11.c. Extent performed:	
1-2-2013 to 1-10-2013	rections.	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Price Wilson	Name	
Organization L ZI	Organization .	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street	Street	
city Bolley Arrow	City	
State ZIP Code + 4	Stale ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
call center employeed	IBEM	