

## 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.

	THE INSTRUCTIONS CAREFUE	ET DET ONE	TREFARING THIS REF	OKT:	
	431773				
1. File Number: <b>C-</b> 00488					
Person Filing		<u> </u>			
Name and mailing address (include ZIP Cod	e):	3. Any other	r address where records	necessary to verify this	report are kept:
Name Matt Perov	/ic	Name			
Title Principal		Title			
Organization Quantum Consulting		Organization	ı		
P.O. Box, Bldg., Room No., if any		P.O. Box, B	ldg., Room No., if any		
Street 10917 Kilpatrick		Street			
City Oak Lawn		City			
State Illinois ZIF	P Code + 4 60453	State		ZIP Code + 4	
4. Date fiscal year ends: 5. Ty	pe of person:				
Dec / 31 a	Individual b. Partnership	c. Corpo	ration d. Other (Spe	ecify):	
Nature of Agreement or Arrangement	· · · · · · · · · · · · · · · · · · ·				
6. Full name and address of employer with who	om made (include ZIP Code):	7. Date ente		/ 7 / 200	6
Name		8. Name of	person(s) through whom	made:	
Organization Star Iron Works  Trade Name, if any		Name Fra	ink s	Stockdale	
•		Name			
P.O. Box, Bldg., Room No., if any		1			
Street R.D. 3 Box 155		Name			ļ
City Punksutawny		Name			
State Pennsylvania ZII	P Code + 4 15767	Name			
	Signa	tures			
Each of the undersigned declares, under pena the information contained in any accompanyin true, correct, and complete. (See Section VII of	ng documents) has been examined	penalties of la by the signate	w, that all of the informa ory and is, to the best of	tion submitted in this re the undersigned's know	port (including vledge and belief,
13. Signed Matt fluce	President (If other title, see	14. Signed			Treasurer (If other title, see
Title President	instructions)	Title	Other (Specify)		instructions)
On 06/29/2010 708-423	3-7786	On			
	hone Number		Date	Telephone Number	

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Filer:	Matt	Perovic

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File Number C- 00488

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.):
\$2,400 per day Plus Incurred expenses.

## Specific Activities to be Performed

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

To persuade employees to excercise or not to excercise their right to choose or not to choose representation for the purposes of collective bargaining.

11.b. Period during which performed:	11.c. Extent performed:			
8/16/08 thru 8/18/06	Fully Performed  Additional Name and address through whom performed, if any:			
11.d. Name and address through whom performed:				
Name	Name			
Organization LRI Consulting Services, Inc.	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any Street			
Street 7850 S Elm Place, Suite E				
City Broken Arrow	City			
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Prodcuction Employees	Steelworkers			