

# 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

FEB 18 2010

E

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.

414258

1. File Number: C-6064

### Person Filing

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

Name Edward M Echanique

Title President

Organization Labor Relations Consulting

P.O. Box, Bldg., Room No., if any Suite 1102

Street 43980 Mahlon Vail Circle

City Temecula

State California

ZIP Code + 4 92592

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 / 31

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

Organization Lowe's HIW, Inc.

Trade Name, if any

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

Street 1000 Lowe's Blvd.

City Mooreville

State North Carolina

ZIP Code + 4 28117

7. Date entered into:

5 / 1 / 2007

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

Name Fred A Sampson

Name

Name

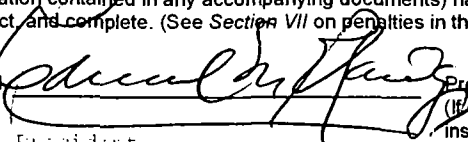
Name

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

  
President  
(If other title, see instructions)

Title President

14. Signed

Treasurer  
(If other title, see instructions)

Title Treasurer

On 02/04/2010

Date

951-265-5584

Telephone Number

On

Date

Telephone Number

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.):

To Educate employees on their rights under the NLRA to truthfully inform employees about the process of unionization.

**Specific Activities to be Performed**

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

a. Nature of activity:

Present the information in group meetings or individually

11.b. Period during which performed:

May/07 - Aug/07

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Jack Bermudez  
Organization Labor Relations Consulting, Inc.  
P.O. Box, Bldg., Room No., if any Suite 1102  
Street 43980 Mahlon Vail Circle  
City Temecula  
State California ZIP Code + 4 92592

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 Employees

12.b. Identify subject labor organizations:

Teamsters Local 166