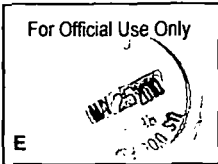


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

429699

1. File Number: c- 680

Person Filing

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

Name Ronald L Mason
Title President/Treasurer
Organization Midwest Management Consultants, Inc.
P.O. Box, Bldg., Room No., if any
Street 425 Metro Place N, Suite 620
City Dublin
State Ohio ZIP Code + 4 43017

3. Any other address where records necessary to verify this report are kept:

Name n/a
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 Brent Gerken
Organization Gerken Leasing Company, LTD
Trade Name, if any The Gerken Companies
P.O. Box, Bldg., Room No., if any PO Box 607
Street
City Napoleon
State Ohio ZIP Code + 4 43545

7. Date entered into:

6 / 25 / 09

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

Name Brent Gerken
Name Kimberly Edwards
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 Ronald L Mason President
(If other title, see instructions)
Title President

14. Signed Ronald L Mason Treasurer
(If other title, see instructions)
Title Treasurer

On 5/17/2010 614 734 9450
Date Telephone Number

On 5/17/2010 614 734 9450
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.):

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 party at any time. All consultations billed at the hourly rate of \$175, including travel 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:

1/13/2010 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Brent Gerken
 Organization Gerken Leasing Company, LTD
 P.O. Box, Bldg., Room No., if any P O Box 607
 Street
 City Napoleon
 State Ohio ZIP Code + 4 43545

Additional Name and address through whom performed, if any:

Name Kimberly Edwards
 Organization Gerken Leasing Company, Ltd.
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

12.a. Identify subject groups of employees:

all full time and regular part time dump truck drivers, live bottom dump truck drivers, semi dump truck drivers, low boys and tankers

12.b. Identify subject labor organizations:

Teamsters Union Local #20