U.S. Depart vent 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. 1245-0003
Expires 10-31-2013



C- 00664

1. File Number:

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.

*	A		
Person Filing			
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name Edward M. E	Schanique	Name	
Title President		Title	
Organization-Labor Relations Consulting		Organization	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street 155 Bay Laurel Drive		Street	
City Mooresville		City	
State North Carolina	ZIP Code + 4 28115	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:			
Dec / 31	a Individual b Partnership	c. Corporation d. Other (Specify):	
	<del></del>		
Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 3 / 18 / 2013	
Name Matt Ameigh			
Organization Jeld-Wen Fiber Plant		8. Name of person(s) through whom made:	
Trade Name, if any		Name	
P.O. Box, Bldg., Room No., if any		Name	
Street 825 Shiner Rd.		Name	
City Towanda		Name	
State Pennsylvania	ZIP Code + 4 18848	Náme	
Signatures			
Title  President  On Offor State 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 //II on penalties in the instructions.)  13. Signed  President  (If other title, see instructions)  Title  On Offor State of the undersigned's knowledge and belief, true, correct, and complete. (See Section //II on penalties in the instructions.)  Treasurer  (If other title, see instructions)  Title  On Offor State of the undersigned's knowledge and belief, true, correct, and complete. (See Section //II on penalties in the instructions.)  Treasurer  (If other title, see instructions)  Title  Treasurer  Treasurer  Title  Treasurer  Title  Treasurer  Title  Treasurer  Treasurer  Title  Treasurer  Treasurer  Title  Treasurer  Treasurer  Title  Treasurer			
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7.			
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:  a. X 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.):			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instructions):			
a. Nature of activity:			
Present information about employees' rights under	Section 7 and answer questins regarding collective		
bargaining in group meetings or individually			
11 h. Dovied during which performed:	11.c. Extent performed:		
11.b. Period duṭṇṇg which performed: 03/18/2013	On going		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Edward M Echanique	Name		
Organization Labor Relations Consulting	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 155 Bay Laurel Drive	Street		
City Mooresville	City		
State North Carolina ZIP Code + 4 28115	State ZÎP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
All production employees in the potential bargaining unit	International Aerospace & Machinest		