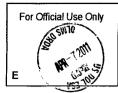
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

457647

1. File Number: C- 683	1. File Number: C- 613					
Person Filing						
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:				
Name Joseph Brock		Name				
Title President		Title				
Organization East Coast Labor Relations, LLC		Organization				
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any				
Street 151 Forge Rd		Street				
City Delran		City				
State New Jersey State New Jersey ZIP Code + 4 08075		State ZIP Code + 4				
4. Date fiscal year ends:	5. Type of person:			4 Annih a		
13)	a Individual b. Partnership	c. Corporation	on d. ther (Specify):		
Nature of Agreement or Arrangement						
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered	l into:	No. 1 amove 2 1 amove 2	West of	
Name		1 / 14 / 2011				
Organization Poet Refining		8. Name of person(s) through whom made:				
Trade Name, if any	Name Brian Guaracci					
P.O. Box, Bldg., Room No., if any	Name :					
Street 4615 North Lewis Aven	Name					
City Souix Falls	Name					
State South Dakota	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 Title Title						
On 3/26 215 Date	-840-2088 Telephone Number	On <u>A</u>	Date	Telephone Number		

Filer:	File Number C-				
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9. Check the appropriate box to indicate whether an object of the activities under	taken, 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. Whitten agreements must be attached.): Verbal agreement to provide consultation and to give speechesto employees about exercising their rights to organize and bargain collectively. Terms are 187.50 plus expenses					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruct	ions).				
a. Nature of activity: To provide consultation and to give speeches to emp bargain collectively					
11.b. Period during which performed:	11.c. Extent performed:				
2/7, 2/8, 2/9/2011	fully performed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name	Name				
Organization LRI Consulting services	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 7850 S. Elm Place	Street				
City Broken Aroow	City				
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
technicians, Scale house operators, Custodians, Commodities, Lab Technicians, and assistants					