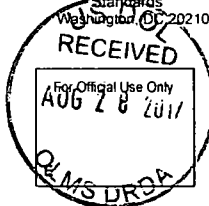


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



This report is mandatory under P.L. 85-257, 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.

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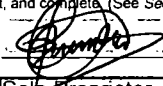
1. File Number: C- 67759

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Johan Pena	3. Any other address where records necessary to verify this report are kept:
Title Owner	Name
Organization	Title
P.O. Box, Bldg., Room No., if any:	Organization
Street 14173 SW 158th Court	P.O. Box, Bldg., Room No., if any
City Miami	Street
State Florida ZIP Code + 4 33196	City
State	State
State	ZIP Code + 4
4. Date fiscal year ends: Dec / 31	5. Type of person:
	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	7. Date entered into: 3 / 7 / 17
Organization Raymour & Flanagan Furniture	8. Name of person(s) through whom made:
Trade Name, if any	Name Michael Goldberg
P.O. Box, Bldg., Room No., if any	Name
Street 7248 Morgan Rd	Name
City Liverpool	Name
State New York ZIP Code + 4 13088	Name
State	Name
State	ZIP Code + 4

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)	14. Signed	Treasurer (If other title, see instructions)
Title Sole Proprietor		Title	
On 8.8.2017	Date	On	Date
Telephone Number		Telephone Number	

Filer:	File Number C- 67759
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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 terms made through LRI Consulting Services to communicate directly with employees regarding their rights under NLRA.

Specific Activities to be Performed

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

a. Nature of activity:

Engage employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed: **3-7-17 JIP**
Various days beginning **3-7-17**

11.c. Extent performed:
Fully

11.d. Name and address through whom performed:

Name **Phil Wilson**
Organization **LRI Consulting Services Inc**

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

Street **7850 W Elm Place, Suite E**

City **Broken Arrow**

State **Oklahoma** ZIP Code + 4 **74011**

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:

Various employees

12.b. Identify subject labor organizations:

Pre-petition