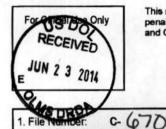
partment of Labor Labor-Management Standards \*Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



**Person Filing** 

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

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)

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## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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

Name Patrick OMara	Name		
- Patrior Grand	Title		
1100140110			
Organization OMara & Associates, LLC	Organization		
P.O. Box, Bldg., Room No., if any p.O. Box 2624	P.O. Box, Bldg., Room No., if any A97		
Street	Street 130 Landing Court		
City Novato	City Novato		
State California	State California		
4. Date fiscal year ends:  Dec	hip c. Corporation d. Other (Specify): LLC		
Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:  2 / 7 / 2014  8. Name of person(s) through whom made:  Name Brenda Frank  Name		
Name Brenda Frank			
Organization Shredit			
Trade Name, if any			
P.O. Box, Bldg., Room No., if any			
Street 2794 South Sheridan Way	Name		
City Oakville, Ontario	Name		
State Other	Name		
Si	ignatures		
Each of the undersigned declares, under penalty of perjury and other application information contained in any accompanying documents) has been examined, correct, and complete. (See Section VII on penalties in the instructions.	able penalties of law, that all of the information submitted in this report (including ined by the signatory and is, to the best of the undersigned's knowledge and belief, .)		
13. Signed President	14. Signed Treasurer		
Title West Comment (If other title, see instructions)	Title (If other title, see instructions)		
on 6/13/14 207 903 4575	On		

Filer: /*		File Number C-	
Y			
9. Check the appropriate box to indicate whether an object of the activities to	undertaken, is directly or indirectly:		
a. To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	de employees as to the manner of e	exercising, the right to organize and bargain	
b. To supply an employer with information concerning the activities of such employer, except information for use solely in conjunction w	of employees or a labor organizatio vith an administrative or arbitral pro	on in connection with a labor dispute involving ceeding or a criminal or civil judicial proceeding.	
10. Terms and conditions (Explain in detail; see instructions. Written agreem Verbal agreement to provide consultation and give to organize and bargain collectively.		s about exercising their right	
Specific Activities to be Performed			
For each activity, separately list in detail the information required (See insection).			
bargain collectively			
11.b. Period during which performed:  various days beginning 2/19/2014	11.c. Extent performed:  Fully performed		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any: Name		
Organization LRI Consulting Services, Inc.	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 Arrow	City		
State Oklahoma	State	☑ ZIP Code + 4	
2.a. Identify subject groups of employees: Drivers, Helpers and Bailers	12.b. Identify subject labor of Teamsters	organizations:	