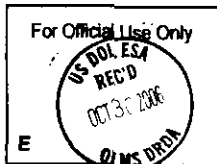


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

1. File Number: C- 530

302537

Person Filing

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

Name John L. Sullivan

Title Owner

Organization Sullivan & Associates

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

Street 2701 Trelawny Drive

City Clarksville

State TN

ZIP Code + 4 37043

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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

12/31/2006

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 Richard Emrich

Organization Alpha Shirt Co.

Trade Name, if any

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

Street 1250 Ashton Rd.

City Philadelphia

State PA

ZIP Code + 4 19136

7. Date entered into

9/25/2006

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

Name Richard Emrich

Name

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

Title

Owner

President
(If other title, see
instructions)

14. Signed

Title

Treasurer
(If other title, see
instructions)

On

10/20/06 431-358-0443

Date

Telephone Number

On

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.):

*Three consultants (19) working days.
 One consultant (1) working day.
 Hourly rate of \$50⁰⁰ per hour, per consultant.*

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity. <i>1) Conduct captive audience meetings 2) Circulate with employees for one-on-one questions and answers.</i>	
11.b. Period during which performed: <i>9/26/06 - 10/18/06</i>	11.c. Extent performed: <i>Complete</i>
11.d. Name and address through whom performed: Name <i>William Price</i> Organization P.O. Box, Bldg., Room No., if any Street <i>Same as #1</i> City State ZIP Code + 4	Additional Name and address through whom performed, if any: Name <i>Rita Aguilar</i> Organization P.O. Box, Bldg., Room No., if any Street <i>Same as #1</i> City State ZIP Code + 4
12.a. Identify subject groups of employees: <i>a) Alpha Shirt Co. employees</i>	12.b. Identify subject labor organizations: <i>b) Teamsters</i>

John L. Sullivan
11d. (Cont'd)

C-530

Lee Bell
Same as #1