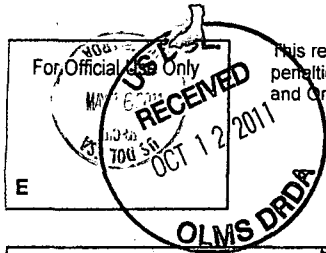


FORM LM-20

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.

408525

1. File Number:

C-710

Person Filing

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

Name **SCOTT MICHEL**

Title

Organization

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

Street **819 HENMAN RD**

City **HORSHAM**

State **PA** ZIP Code + 4 **19044**

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 / 11

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

Organization **MERRILL CORP.**

Trade Name, if any

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

Street **ONE MERRILL CIRCLE**

City **ST. PAUL**

State **MINN** ZIP Code + 4 **55108**

7. Date entered into:

1 / 12 / 2011

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

Name **RICHARD KENNEY**

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

Scott Michel

President
(If other title, see
instructions)

Title

14. Signed

Title

Treasurer
(If other title, see
instructions)

On **5/11/11**
Date

215-628-8836
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.):

VERBAL AGREEMENT TO PROVIDE CONSULTATION & to give speeches to employees ABOUT EXERCISING their right to ORGANIZE + BARGAIN Collectively. Terms are \$187.50 per hour plus expenses.

Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation & to give speeches to employees regarding their rights to organize + bargain collectively.

11.b. Period during which performed:

VARIOUS DAYS 1-13 thru 2-9-11

11.c. Extent performed:

FULLY PERFORMED

11.d. Name and address through whom performed:

Name

Organization

LR1 CONSULTING SERVICES INC.

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

Street 7850 S. ELM PLACE, SUITE E

City Broken Arrow

State OK 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:

PRESSMEN, PRESS HELPERS, ROLL TENDERS

12.b. Identify subject labor organizations:

Graphic Communications (IBT)

U.S. Department of Labor

Office of Labor-Management Standards
Washington, D.C. 20210

DRDA/KFB
C-710



September 23, 2011

Mr. Scott Michel
819 Herman Road
Horsham, PA 19044

Dear Mr. Michel:

The Office of Labor-Management Standards (OLMS) administers certain provisions of the Labor-Management Reporting and Disclosure Act of 1959 (LMRDA). As Amended, including Title II which, in part, prescribes reporting requirements for every person who enters into certain arrangements with labor relations consultants under Section 203(b) of the LMRDA.

We recently completed our review of your Agreement and Activities Form LM-20 Consultant report. This report is being returned to you because **Item 7 (Date Entered Into Agreement or Arrangement)** is blank. In item 7, you must enter the month, day and year you entered into the agreement or arrangement.

Please submit the corrected LM-20 report to:

Kay F. Bethea, Compliance Liaison Specialist
U.S. Department of Labor, Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, D.C. 20210

For your convenience, software for downloading the Form LM-20 and instructions is available at www.olms.dol.gov. Please submit the report within 15 days of the date of this letter.

If you have any questions concerning this matter or want to discuss any reporting requirements, please contact Kay F. Bethea, Compliance Liaison Specialist, at 202-693-1184 or e-mail her at bethea.kay@dol.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Larry King', is written over a circular stamp. The stamp contains the text 'Division of Reports, Disclosure & Audits'.

Larry King, Chief
Division of Reports, Disclosure & Audits