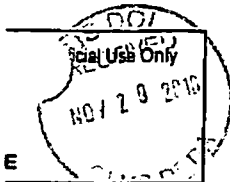


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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



This report is mandatory under P.L. 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.

648744

1. File Number: C 752

Person Filing

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

Name **Eric J Vanetti**

Title **Owner**

Organization **Vantage Point Alliance, LLC**

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

Street **2860 S Honeycomb Way**

City **Boise**

State **Idaho** ZIP Code + 4 **83716**

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:

Dec / 31

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 **Troy Scott**

Organization **Martin Transportation Systems**

Trade Name, if any

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

Street **7300 Clyde Park Ave, SW**

City **Byron Center**

State **Michigan** ZIP Code + 4 **49315**

7. Date entered into:

03 / 21 / 2016

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

Name

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.)

3. Signed

Eric Vanetti

President
(If other title, see
instructions)

Title Other (Specify) Owner

14. Signed

Treasurer

Treasurer
(If other title, see
instructions)

On 11/13/2016

Date

704-804-1625

Telephone Number

On

Date

Telephone Number

58

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

☒ 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.):

\$1,500 per consulting day, plus travel expenses

Specific Activities to be Performed

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

a. Nature of activity:

Pre-petition education meetings with employees.

11.b. Period during which performed: Various days beginning 03/22/2016		11.c. Extent performed: Completed	
11.d. Name and address through whom performed:		Additional Name and address through whom performed, if any:	
Name Phil Wilson		Name <input type="text"/>	
Organization LRI Consulting Services, Inc.		Organization <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street 7850 S Elm Place		Street <input type="text"/>	
City Broken Arrow		City <input type="text"/>	
State Oklahoma ZIP Code + 4 74011		State <input type="text"/> ZIP Code + 4 <input type="text"/>	
12.a. Identify subject groups of employees: Various employees		12.b. Identify subject labor organizations:	