U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Person Filing 2. Name	1.1 lie Humber.				
Name Title Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any Street 7850 South Slm Place, Suite E City Stroken Acrow City State Oklahoma ZIP Code + 4 74011 State ZIP Code + 4 4. Date fiscal year ends: Dec	Person Filing	14.102.24.11.22		t	
Title Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 State ZIP Code + 4 4. Date fiscal year ends: Dec 31 a Individual b Partnership c Corporation d Other (Specky): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Organization UPS Trade Name, if any P.O. Box, Bldg., Room No., if any Street 55 clentake Parkway NE City Atlanta Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information containged 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 Viring denalties in the instructions) 13. Signed Title President (If other fille, see instructions) 14. Signed Title President (If other fille, see instructions) 14. Signed Title President (If other fille, see instructions)			3. Any other address where records necessary to verify this report are kept:		
Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 State ZIP Code + 4 4. Date fiscal year ends: Dec 31 3	Name		Name		
P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City	Title .		Title		
Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 State State Oklahoma ZIP Code + 4 74011 State ZIP Code + 4 4. Date fiscal year ends: Dec	Organization LRI Consulting Services, Inc.		Organization		
City State Oklahoma ZIP Code + 4 74011 State ZIP Code + 4 4. Date fiscal year ends: Dec	P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
A. Date fiscal year ends: Dec	Street 7850 South Elm Place, Suite E		Street		
4. Date fiscal year ends: Dec	City Broken Arrow		City		
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Organization UPS Trade Name, if any P.O. Box, Bldg., Room No., if any Street 55 Glenlake Parkway NE City Atlanta State GA ZIP Code + 4 30328 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 or senalties in the instructions.) Title CEO On 8/9/2010 918-455-9995 On 8/9/2010 918-455-9995	State Oklahoma	ZIP Code + 4 74011	State	ZIP Code + 4	
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6. Full name and address of employer with whom made (include ZIP Code): Name Organization UPS Trade Name, if any P.O. Box, Bldg., Room No., if any Street 55 Glenlake Parkway NE City Atlanta State GA ZIP Code + 4 30328 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 true, correct, and complete/(See Section VII on senalties in the instructions) 13. Signed Tittle Tittle Treasurer On 8/9/2010 918-455-9995 On 8/9/2010 918-455-9995	Dec / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify)	:	
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Street 55 Glenlake Parkway NE City Atlanta State GA ZIP Code + 4 30328 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 Title On 8/9/2010 918-455-9995 On 8/9/2010 918-455-9995	Trade Name, if any		Name Rick Cor	cral	
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	the information contained in any accommune, correct, and complete. (See Section 13. Signed	panying documents) has been examined on VII on benalties in the instructions.) President (If other title, see	14. Signed President	undersigned's knowledge and belief, Treasurer (If other title, see	
Date Telephone Number Date Telephone Number 643	On 8/9/2010	918-455-9995	On 8/9/2010	918-455-9995	
	Date	Telephone Number	Date	Telephone Number 643	

Filer: LRI Consulting Services, Inc.	File Number C- 00525				
V					
Check the appropriate box to indicate whether an object of the activities undertained.	aken, 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. \$3,000 per day per consultant plus rea	sonable travel expenses.				
	•				
Specific Activities to be Performed					
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11. For each activity, separately list in detail the information required (See instruction)	ons):				
a. Nature of activity:					
Engaged to communicate to employees regarding exercising	their rights to organize and bargain collectively.				
11.b. Period during which performed:	11.c. Extent performed:				
various days beginning 5/16/16	Fully Performed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Scott Michel	Name Gerald O'Brien				
Organization	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 819 Herman Road	Street 23 Summit Heights				
City Horsham	City North Oaks				
State PA ZIP Code + 4 19044	State MN ZIP Code + 4 55127				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
	pre-petition				
various employees	bre-becreton				
	-				

Specific Activities to be Performed (Continuation Page)

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

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:		11.c. Extent performed:	11.c. Extent performed:		
11.d. Name and address through whom performed:		Additional Name and address	Additional Name and address through whom performed, if any:		
Name Amed	Santana	Name	Name		
Organization Santana International Inc		Organization	Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if	P.O. Box, Bldg., Room No., if any		
Street 5908 Via Cuesta Dr		Street	Street		
City El Passo		City			
State Texas	ZIP Code + 4 79912	State	ZIP Code + 4		
Additional Name and address through whom performed, if any:		Additional Name and address	Additional Name and address through whom performed, if any:		
Name		Name	Name		
Organization		Organization			
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if	P.O. Box, Bldg., Room No., if any		
Street		Street	Street		
City		City			
State	ZIP Code + 4	State	ZIP Code + 4		
12.a. Identify subject groups of employees:		12.b. Identify subject labor or	12.b. Identify subject labor organizations:		
various employees		pre-petition	pre-petition		
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