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 08-31-2016



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 and mailing address (include ZIP Code): Name Amed D Santana Name Phillip Wilson Title President & CRO Organization Santana International Inc. P.O. Box, Bidg., Room No., if any Street 1810 George Dieter #103 City El Paso Slate Texas ZIP Code + 4 79936 Slate Texas ZIP Code + 4 79936 Slate Oklahoma ZIP Code + 4 74011 A. Date fiscal year ends: Dec / 31 a Individual b Partnership c Copporation d Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Lisa Berg Organization Paradigm Precision Trade Name, if any P.O. Box, Bidg., Room No., if any Street 1810 W Flager Street Suite 2200 City Miami Street 1810 W Flager Street Suite 2200 City Miami State Florida ZIP Code + 4 33330 Name Signatures Each of the undersigned declares, under penalty of perjury and other applicable penalties of flaw, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatury and is, to the best of the undersigned's knowledge and belief, in the information contained in any accompanying documents) has been examined by the signatury and is, to the best of the undersigned's knowledge and belief, interpretations, or contained in any accompanying documents) has been examined by the signatury and is, to the best of the undersigned's knowledge and belief, interpretations, or contained in any accompanying documents) has been examined by the signatury and is, to the best of the undersigned's knowledge and belief, interpretations, or contained in any accompanying documents) has been examined by the signatury and is, to the best of the undersigned's knowledge and belief, interpretations. Title President (14 Signed President (15 Signature) (14 Signed President (15 Signature) (15 Sig	1 File Number: C in Sach	
2. Name and mailing address (include ZIP Code): Name	1. File Number: C- 1/5/200	
2. Name and mailing address (include ZIP Code): Name	Person Filing	
Name Amed D Santana Name Phillip Wilson Title President & CEO Organization Santana International Inc. P.O. Box, Bldg., Room No., if any Street 1810 George Dieter #103 Street 7850 South Elm Place City Broken Arrow State Texas ZIP Code *4 79936 State Oklahoma ZIP Code *4 74011 Name Lisa Berg Organization Paradigm Precision Trade Name, if any P.O. Box, Bldg., Room No., if any Street 180 George Dieter #103 Street 7850 South Elm Place City Broken Arrow State Oklahoma ZIP Code *4 74011 Nature of Agreement or Arrangement 8. Full name and address of employer with whom made (include ZIP Code): Name Lisa Berg Organization Paradigm Precision Trade Name, if any Name State Florida ZIP Code *4 33130 Name State Florida ZIP Code *4 33130 Name State Florida ZIP Code *4 33130 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, or complet. (See Section Vif on penalties in the instructions.) Title President Title President Title Treasurer (if other title, see instructions)	· · · · · · · · · · · · · · · · · · ·	3. Any other address where records necessary to verify this report are kept
Title President & CEO Organization Santana International Inc. P.O. Box, Bldg., Room No., if any Street 1810 George Dieter #103 Street 1810 George Dieter #103 Street 7850 South Elm Place City Broken Arrow State Texas ZIP Code + 4 79936 State Oklahoma ZIP Code + 4 74011 A. Date fiscal year ends. Dec 31 a Individual b Partnership c Coopporation d Other (Specify): Nature of Agreement or Arrangement Full name and address of emptoyer with whom made (include ZIP Code): Name Lisa Berg Organization Paradigm Precision Trade Name, if any P.O. Box, Bldg., Room No., if any Street 180 W Plager Street Suite 2200 Name Street 180 W Plager Street Suite 2200 City Miami State Plorida ZIP Code + 4 33130 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, intructions of 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, intructions of 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, intructions of the information contained in any accompanying documents in the instructions. President (If other title, see instructions) Title Treasurer Title Treasurer		
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4. Date fiscal year ends: Dec	City El Paso	City Broken Arrow
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Lisa Berg Organization Paradigm Precision Trade Name, if any P.O. Box, Bldg., Room No., if any Street 150 W Flager Street Suite 2200 City Miami State Florida ZIP Code + 4 33130 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.) Title President Treasurer (If other title, see instructions) Title Treasurer Treasurer Treasurer If the ritle, see instructions)	State Texas ZIP Code + 4 79936	State Oklahoma ZIP Code + 4 74011
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Title President instructions) Title Treasurer instructions)		
On 12/29/2014 915-215-3725 On	President instructions)	Treasurer instructions)
	On 12/29/2014 915-215-3725	On
Date Telephone Number Date Telephone Number	Date Telephone Number	

Amed Santana Santana International Inc.	File Number 6-	
Check the appropriate box to indicate whether an object of the activities under	taken, 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.):		
To provide direct employee education regarding employee's section 7 rights under the NLRA		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity: Education of employees regarding their section 7 rights under the NLRA		
baseauton of employees regarding their section / rights under the Nura		
11.b. Period during which performed:	11.c. Extent performed:	
various days beginning 09/22/2014	·	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Phillip Wilson Organization LRI Consulting Sorves, Inc	Name	
Organization LRI CONSULTING STRUCKS	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
street 7850 South Elm Place.	Street	
city & Broken Arrow	City	
State OKlahoma ZIP Code + 4 74011	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
various employees	International Association of Machinist & Aerospace Workers	