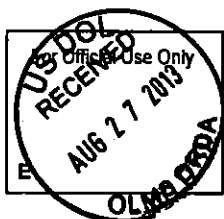


FORM LM-20

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.

533711

1. File Number: c-65625

Person Filing

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

Name Kevin P O'Connor
Title President, Managing Shareholder
Organization O'Connor | O'Connor, P.C.
P.O. Box, Bldg., Room No., if any 203
Street 1920 S Highland Ave
City Lombard
State Illinois ZIP Code + 4 60148-4992

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 Yun C Kwak
Organization Laser Center Corporation
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 401 Eastern Ave.
City Bensenville
State Illinois ZIP Code + 4 60106

7. Date entered into:

7 / 19 / 2013

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

Name Heung Gi Kim
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

President
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On 8/19/2013

Date

630-456-1596

Telephone Number

On 8/19/2013

Date

630-544-4922

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.):

I was hired to put on a 1 hour presentation to employees of the employer. My compensation for this 1 hour presentation was to be \$250.00.

Specific Activities to be Performed

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

a. Nature of activity:

I am an attorney for the employer. The activity I was hired for was to conduct a presentation for some of employer's employees for whom a union election petition had been filed. The material presented was designed to convey the truth about what unionization would mean for them and for the company, and why it was not in their best interests to vote for unionization.

11.b. Period during which performed:

July 19, 2013

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Kevin F O'Connor
 Organization O'Connor | O'Connor, P.C.
 P.O. Box, Bldg., Room No., if any 203
 Street 1920 S Highland Ave
 City Lombard
 State Illinois ZIP Code + 4 60148-4992

Additional Name and address through whom performed, if any:

Name Irma Ocampo
 Organization O'Connor | O'Connor, P.C. (volunteer)
 P.O. Box, Bldg., Room No., if any 203
 Street 1920 S Highland Ave
 City Lombard
 State Illinois ZIP Code + 4 60148-4992

12.a. Identify subject groups of employees:

Manufacturing employees subject to upcoming NLRB election on July 26, 2013

12.b. Identify subject labor organizations: