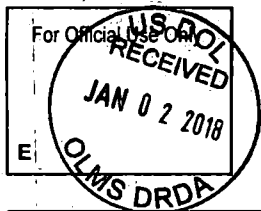


FORM LM-20

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.

659329

1. File Number: C- 00525

Person Filing

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

Name Phillip B Wilson

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

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

Organization Fuyao Glass America Inc

Trade Name, if any

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

Street 2801 West Stroop Road

City Moraine

State OH ZIP Code + 4 45439

7. Date entered into:

4 / 11 / 2016

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

Name John Gauthier

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

President
(If other title, see
instructions)

Title CEO

14. Signed

Treasurer
(If other title, see
instructions)

Title President

On 12/22/2017 918-455-9995
Date Telephone Number

On 12/22/2017 918-455-9995
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.):

Additional/Different consultants requested under a previous agreement. Verbal agreement. \$2700 per day per consultant plus reasonable travel expenses. See LM 20 submitted May 2016 for additional information regarding this same agreement.

Specific Activities to be Performed

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:

various days beginning 4/13/16

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Joseph Brock
Organization East Coast Labor Relations LLC
P.O. Box, Bldg., Room No., if any
Street 515 S Gull Lake Drive
City Richland
State MI ZIP Code + 4 49083

Additional Name and address through whom performed, if any:

Name Scott Michel
Organization Scott Michel
P.O. Box, Bldg., Room No., if any
Street 819 Herman Road
City Horsham
State PA ZIP Code + 4 19044

12.a. Identify subject groups of employees:

various employees

12.b. Identify subject labor organizations:

pre-petition

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.d. Name and address through whom performed:

Name Benjamin Johnson

Organization Progressive Labor Solutions

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

Street 55 Biggs Street

City Barre

State VT ZIP Code + 4 05641

Additional Name and address through whom performed, if any:

Name Lory Fairfield

Organization

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

Street 1574 Gulf Road #70453

City Point Roberts

State WA ZIP Code + 4 70453

Additional Name and address through whom performed, if any:

Name Bruce Crawford

Organization

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

Street 10567 Big Canoe

City Jasper

State GA ZIP Code + 4 30143

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:

various employees

12.b. Identify subject labor organizations:

pre-petition