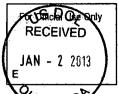
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## 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) READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number. C- 00714 **Person Filing** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name Title Title SEO Solutions Co, LLC Organization Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 4613 E. 13th Street Street City Tulsa City State Oklahoma ZIP Code + 4 74112 ZIP Code + 4 State 4. Date fiscal year ends: 5. Type of person: Corporation d. X Other (Specify): LLC Dec Individual b. Partnership **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 2012 28 Name Todd Rognsvoog 8. Name of person(s) through whom made: Organization Eddy Packing Company Inc. Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 404 Airport Drive City Yoakum Name ZIP Code + 4 State Texas 77,995 **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 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Title Title 12/26/2012 918-836-5111 Date Telephone Number Date Telephone Number

Filer:		File Number C- 00714
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.):		
Oral agreement to bill for services rendered.		
Specific Activities to be Performed		· · · · · · · · · · · · · · · · · · ·
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
To provide consultation and to give speeches to employees regarding their rights to organize to		
bargain collectively.		
11.b. Period during which performed:	11.c. Extent performed:	
Various days 8/28/12 thru 10/1/12	Full Performed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization LRI Consulting Services Inc.	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:	
Production and Warehouse	Food and Commercial Workers (UFCW)	
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