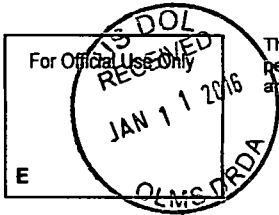


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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)

602.816

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C- 60727

Person Filing

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

Name Gustavo Flores
Title _____
Organization GNE Consulting Services Inc.
P.O. Box, Bldg., Room No., if any _____
Street 10850 Church St. E102
City Rancho Cucamonga
State CA ZIP Code + 4 91730

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 / 15

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 Greg Krammer
Organization Ashley Furniture Industries Inc.
Trade Name, if any agreement thru LRI Consulting Service
P.O. Box, Bldg., Room No., if any _____
Street One Ashley Way
City ARCADIA
State WISCONSIN ZIP Code + 4 54612

7. Date entered into:

9 / 11 / 2015

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

Name Austin Clary
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

[Signature]

President
(If other title, see
instructions)

Title President

14. Signed

[Signature]

Treasurer
(If other title, see
instructions)

Title Treasurer

On 12-28-15

Date

Telephone Number

On 12-28-15

Date

Telephone Number

Filer:

File Number C-

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.):

Verbal agreement with LRI Consulting Services, \$1500 per day plus reasonable travel expenses.

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 9/14/15

11.c. Extent performed:

FULLY PERFORMED

11.d. Name and address through whom performed:

Name

Organization **LRI Consulting Services INC.**

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

Street **7850 S Elm Place, Suite E**

City **Broken Arrow**

State **OKLAHOMA** ZIP Code + 4 **74011**

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:

Worker employed with respect to furniture manufacturing including but not limited to manufacturing.

12.b. Identify subject labor organizations:

Carpenters and Joiners