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. 1215-0188
Expires 09-30-2011



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- 00525 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Title Title Organization LRI Consulting Services Inc Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 7850 South Elm Place, Suite E City Broken Arrow City ZIP Code + 4 State Oklahoma ZIP Code + 4 74011 State 4. Date fiscal year ends: 5. Type of person: Dec Partnership c. X Corporation d. Individual b. Other (Specify): **Nature of Agreement or Arrangement** 7. Date entered into: 6. Full name and address of employer with whom made (include ZiP Code): / 14 / 2011 Name 8. Name of person(s) through whom made: Organization ASC Ambulette Name Alex Yakubov Trade Name, if any

| 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 or penalties in the instructions.) 13. Signed Arms 4. Signed Arms 4. Signed Arms 5. Treasurer | | | | | | | | |
| 13. Signed | President | 0 | (If other title, see instructions) | Title | Treasurer | 0 | (If other title, see instructions) | |
| On | 3/29/2011 Date | 918-455-9995 Telephone Numbe | <u> </u> | On | 3/29/2011 Date | 918-455-9995 Telephone Number | | |
| | | | | | | | | |

ZiP Code + 4 11230

Name

Name

Name

Name

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

City Brookyn

State New York

Street 1650 Eastern Parkway

| C1 | | | | | | |
|---|---|---|--|--|--|--|
| Filer | File Number C- | | | | | |
| | | | | | | |
| 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: | | | | | | |
| a. X 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.): see attached | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Capatita Asthuitias to be Daufauman | | | | | | |
| 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: | 11.c. Extent performed: | | | | | |
| various days beginning 2/20/2011 | Fully Performed | | | | | |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: | | | | | |
| Name | Name | | | | | |
| Organization Axiomatix LLC | Organization | | | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | | | | | |
| Street 323 Marianers Way | Street | | | | | |
| City Copiague | City | | | | | |
| State New York SIP Code + 4 11726 | State | | | | | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | | | | | |
| Drivers | Service Employees | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

AGREEMENT FOR CONSULTING SERVICES

TO:

Alex Yakubov

ASC Ambulette

1650 Eastern Parkway Brooklyn, NY 11230 DATE:

February 14, 2011

PROPOSED INTERVENTION:

LRI Consulting Services, Inc. will provide consulting services to assist ASC Ambulette in communicating factual and legally accurate information to eligible voters in NLRB-conducted election to enable voters to make fully informed choices in voting.

TIMING:

The project will begin on or about 2/20/2011.

TERMS AND CONDITIONS:

Fees: The fee for this project is \$375 per hour of consulting plus travel expenses.

Payment Terms: The fee is due upon the delivery of the consulting services and is non refundable. You agree and acknowledge that failure to pay fees or expenses associated with this project under these terms will result in reassignment of the consultant(s) and a penalty of 2% per month until all outstanding invoices are paid in full.

Expenses: Expenses will be billed as actually incurred and are due on presentation of the invoice. Reasonable business expenses include, but are not limited to, transportation (air, rental car, taxi, etc.), lodging, food, and costs for campaign communication materials.

You further acknowledge that no representation by LRICS or its representatives were relied on by you or any member of your company in entering this agreement, and that this document represents the full understanding of the parties. Your deposit, in the absence of your signature below, indicates your acceptance of this project and the terms and conditions as stated herein.

ACCEPTANCE:

We accept the Agreement and terms described above:

For LRI Consulting Services, Inc.

For ASC Ambulette

Phillip B. Wilson

President - General Counsel

WOUL

DATE: February 14, 2011

Name: Alex Yakubov

Title: Owner

DATE: