

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 12-31-2010

For Official Use Only

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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-655

372490

### Person Filing

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

Name *THOMAS L. WOOLWINE*

Title *President*

Organization *PERSONNEL MANAGEMENT CONSULTANTS*

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

Street *102 SHERWOOD LANE*

City *Daniels*

State *WV*

ZIP Code + 4 *25832*

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:

*12/31/07*

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 *BRADY MINING, LLC*

Organization

Trade Name, if any

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

*P.O. Box 385*

Street

City *GILBERT*

State *WV*

ZIP Code + 4 *25621*

7. Date entered into:

*02/01/07*

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

Name *Anthony Cline*

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 *Thomas L. Woolwine*

President  
(If other title, see  
instructions)

Title *President*

14. Signed

Treasurer  
(If other title, see  
instructions)

Title *Treasurer*

On *10/24/08* *304/763-4436*  
Date Telephone Number

On \_\_\_\_\_  
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.):

*Provide Labor Relations Advice Relative To Collective Bargaining issues. There were no written Agreements.*

**Specific Activities to be Performed**

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

a. Nature of activity: *Provide labor relations Advice Relative to such matters as wages, benefits, and the collective bargaining process.*

11.b. Period during which performed:

*2007*

11.c. Extent performed:

*SPURIOUS - AS Needed*

11.d. Name and address through whom performed:

Name

*Burdly Mining, LLC*

Organization

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

*P.O. Box 385*

Street

City

*GILBERT*

State

*WV*

ZIP Code + 4 *25621*

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:

*Management and hourly employees of Burdly Mining, LLC*

12.b. Identify subject labor organizations:

*United Mine Workers of America.*