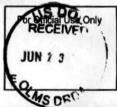
S&Department of Labor ce of Labor-Management Standards Washington, DC 20210

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 Individuels

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- (170 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 Patrick OMara Title President Title Organization OMara & Associates, LLC Organization P.O. Box, Bldg., Room No., if any p.O. Box 2624 P.O. Box, Bldg., Room No., if any A 97 Street Street 130 Landing Court City Novato City Novato State California State California ZIP Code + 4 94945 4. Date fiscal year ends: 5. Type of person: Dec Corporation d. X Other (Specify): LLC Individual b. Partnership c. Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 15 / 2014 Correia Name Jesse 8. Name of person(s) through whom made: Organization Carlisle Interconnect Technologies Name Jesse Correia Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 7911 South 118th St. Suite 100 Name City Kent Name ZIP Code + 4 90245 State Washington 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 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Title On

Telephone Number

ler.	File Number C-
Check the appropriate box to indicate whether an object of the activities u	undertaken, is directly or indirectly:
To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	de employees as to the manner of exercising, the right to organize and bargain
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 to provide consultation and give speeches to employees about exercising their right to organize and bargain collectively.	
pecific Activities to be Performed 1. For each activity, separately list in detail the information required (See ins	
bargain collectively	
I.b. Period during which performed:	11.c. Extent performed:
I.b. Period during which performed: Various Days Beginning 4/16/14	11.c. Extent performed: Fully performed
Various Days Beginning 4/16/14	
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1.d. Name and address through whom performed: ame rganization LRI Consulting Services, Inc. 2.O. Box, Bidg., Room No., if any treet 7850 S. Elm Place ity Broken Arrow	Fully performed 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.b. Identify subject labor organizations: