U.S. Department of Labor Office of Labor-Management Standards Wastington Doops 10

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 03-31-2019

For Official Use Onlypenalties as ;	provided by 29 U.S.C. 439 or 440. Required of p	illure to comply may result in criminal prosecution, fines, or divil sersons, including Labor Relations Consultants and Other Individuals germent Reporting and Disclosure Act of 1959, as amended, (LMRDA)		
A ().	READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
WS DR				
1. File Number: C- 67	759			
0.				
Person Filing				
Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:		
Name Johan Pena		Name		
Title Owner		Title		
Organization		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 14173 SW 158th Court		Street		
City Miami		City		
State Florida	ZIP Code + 4 33196	State ZIP Code + 4		
Date fiscal year ends:	5. Type of person:			
Dec / 31	a. Night individual b. Partnership	c. Corporation d.: Other (Specify):		
•				
Nature of Agreement or Arrangeme				
6. Full name and address of employer	with whom made (include ZIP Code):	7. Date entered into: 5 / 24 / 17		
Name		8. Name of person(s) through whom made:		
Organization BWay Corporation		Name Bruno Couteille		
Trade Name, if any		and the second s		
P.O. Box, Bldg., Room No., if any		Name		
Street 1515 W 22nd St., Suite 1100		Name		
City Oak Brook		Name		
State IIIInois	ZIP Code + 4 60523	Name		
	Signa	tures		
the information contained in any accor-		penalties of taw, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,		
13. Signed	President (If other title, see	14, Signed Treasurer (If other title, see		
Title Sole Proprietor	instructions)	Title instructions)		
A				
on 8.8.2017	<u>. </u>	On		
Date	- Telephone Number	Date Telephone Number		

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Filer.		File Number C-	67759	
	Action to dispatch as to di			
Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:			
To persuade employees to exercise or not to exercise, or persuade en collectively through representatives of their own choosing.	nployees as to the manner of	exercising, the right to	o organize and bargain	
To supply an employer with information concerning the activities of em such employer, except information for use solely in conjunction with a				
Terms and conditions (Explain in detail; see instructions. Written agreements Verbal terms made through LRI Consulting Services their rights under NLRA.		etly with emplo	oyees regarding	
Specific Activities to be Performed				
a. Nature of activity: Engage employees regarding exercising their rights	to organize and bar	rgain collecti	vely.	
11.b. Period during which performed: Various days beginning 5/30/17	11.c. Extent performed: Fully			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Phil Wilson	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 W Elm Place, Suite E	Street		9	
City Broken Arrow	City			
State Oklahoma ZIP Code + 4 74011	State	ZIF	Code + 4	
12.a. Identify subject groups of employees: Production And Maintenance Employees Warehouse Located At 4400 W 35th Pl., Chicago, Il.	12.b. Identify subject labor Steelworkers (USW	-		
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