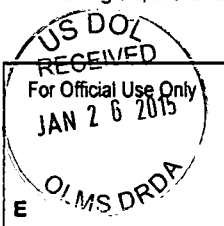


FORM LM-20  
**AGREEMENT AND ACTIVITIES REPORT**



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)

575693

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: c- 710

**Person Filing**

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

Name Scott ☐ Michel

Title

Organization

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

Street 189 herman rd

City Borsham

State Pennsylvania ZIP Code + 4 19044

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 / 31

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

Organization

Trade Name, if any Also Steel Corp.

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

Street 3100 E High St.

City Jackson

State Michigan ZIP Code + 4 49203

7. Date entered into:

11 / 3 / 14

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

Name Dave ☐ Zontek

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]  
Title

President  
(If other title, see  
instructions)

14. Signed   
Title d

Treasurer  
(If other title, see  
instructions)

On 1/16/15 215 359 7155  
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.):

Verbal agreement to provide consultation and to give speeches to employees about their rights to organize and bargain collectively. Terms are \$187.50 per hr. plus expenses.

#### Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 11/10/14

11.c. Extent performed:

fully

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Service

P.O. Box, Bldg., Room No., if any PO Box 1529

Street 7850 S Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 74013

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:

production, maintenance, warehouse

12.b. Identify subject labor organizations:

Steelworkers, paper, rubber, manufacturing