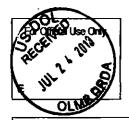
U.S. Department of Labor Office of Labor-Management \_-Standards Washington, DC 20210

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

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013



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 75 L			<del></del>	<del></del>	-	
Demon Filler						
Person Filing  2. Name and mailing address (include ZIP Code):			Any other address where records necessary to verify this report are kept:			
		Name				
Name Eric J Vanetti		TROUTE				
Title Owner		Title				
Organization Vantage Point Alliance		Organization				
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any				
Street 18632 River Crossing Blvd.		Street				
City Davidson			City			
State North Carolina ZIP Code + 4 28036		State	ZIP Code + 4			
4. Date fiscal year ends: 5. Type of person:						
Dec / 31 a Individual b. Partnership c. Corporation d. Other (Specify):						
	-					
Nature of Agreement or Arrangement						
Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 5 / 31 / 2013				
Name Ira Levinsky		<u> </u>				
Organization NTN Bower Corporation		8. Name of person(s) through whom made:				
Trade Name, if any	Name Ira Levinsky					
P.O. Box, Bldg., Room No., if any			Name			
Street 2086 Military Street South			Name			
City Hamilton			Name			
State Alabama ZiP Cod	de + 4 35570	Name			J	
Signatures						
Each of the undersigned declares, under penalty of the information contained in any accompanying doc true, correct, and complete. (See Section VII on per	cuments) has been examined	penalties of la by the signato	w, that all of the info ory and is, to the bes	mation submitted in this re t of the undersigned's know	eport (including vledge and belief,	
13. Signed Eve Vanel	President (If other title, see	14. Signed			Treasurer (If other title, see	
Title Sole Proprietor instructions)		Title	Treasurer		instructions)	
On 7/15/2013 704-804-16	25	On				
Date Telephone Number			Date	Telephone Number		
Form LM-20 (2003)					Page 1 of 2	

Fler Eric Vanetti Vantage Point Alliance	File Number C-					
Check the appropriate box to indicate whether an object of the activities und	ertaken, is directly or indirectly:					
a. To persuade employées to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	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 agreemen	ts must be attached.):					
Through verbal agreement with LRI Consulting Services, \$1,500 / day plus reimbursement for reasonable travel expenses.						
	e e e e e e e e e e e e e e e e e e e					
Specific Activities to be Performed						
11. For each activity, separately list in detail the information required (See instructions):						
a. Nature of activity:						
:11.b. Period during which performed:	11.c. Extent performed:					
Various days beginning 6/3/2013	Completed					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name Philip B Wilson	Name					
Organization LRI Consulting Services	Organization					
P.O. Box, Bldg., Room No., if any One LRI Plaza	P.O. Box, Bldg., Room No., if any					
Street 7850 South Elm Place	Street					
City Broken Arrow	City					
State Oklahoma ZIP Code + 4 74013	State ZIP Code + 4					
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:					
Hourly employees	UAW					
1	1					

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