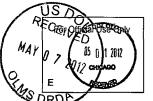
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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: 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 Bradley Title Title President Organization Interlate Systems Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 145 S. Lincolnway City City North Aurora ZIP Code + 4 State Illinois ZIP Code + 4 60542 State 5. Type of person: 4. Date fiscal year ends: a Individual b. Partnership c. Corporation d. Other (Specify): Dec 31 Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 14 / 2007 8. Name of person(s) through whom made: Organization Chicago Int'l. Trucks Name Julie Bartell Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 1827 Walden Office Square City Schaumburg Name ZIP Code + 4 State Illinois 60173 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.) 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title Title 04/18/2012 (630)966-0214 On Telephone Number Date Telephone Number

Filer: Bradley White Interlate Systems	File Number C-
O Check the expressists have to indicate whether an object of the nativities undertaken in diseath, or indicath,	
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.	
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10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): Work on an hourly basis, as needed, to communicate employers position re: organization paid by LRI as	
contractor/agent	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Attend meetings with various managers and unit employees and assist management in the development and delivery of its message regarding unionization to voting unit.	
11.b. Period during which performed:	11.c. Extent performed:
Nov/14/2007 - Dec/06/2007	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI Consulting	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4

IAMAW

12.b. Identify subject labor organizations:

12.a. Identify subject groups of employees:

Drivers and Parts