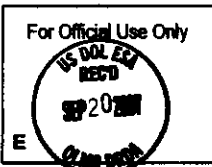


FORM LM-20

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C-

384

335424

Person Filing

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

Name Charles Wiggins
Title Labor relations Consultant
Organization Wiggins Consulting
P.O. Box, Bldg., Room No., if any
Street 8017 McKee Blvd
City Oklahoma City
State Oklahoma ZIP Code + 4 73132

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 / 7

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 Joseph Derderian
Organization Recticel Interiors N.A., LLC
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 5600 Bowe Pointe Drive
City Clarkston
State Michigan ZIP Code + 4 48346-3155

7. Date entered into: / /

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

Name
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

Title Sole Proprietor

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

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.):

Assist the company in a communication program with its employees by meeting with employees about union issues, and consulting with management.

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:

08/6-17/2007

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Joseph Derderian
Organization Recticel Interiors N.A., LLC
P.O. Box, Bldg., Room No., if any
Street 5600 Bowe Pointe Drive
City Clarkston
State Michigan ZIP Code + 4 48346-3155

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:

Employees identified by the RC Petition for potential Collective Bargaining

12.b. Identify subject labor organizations:

United Steelworkers of America