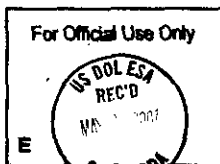


FORM LM-20

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- 623 327012

Person Filing

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

Name WALTER J. FITZHENRY
Title PRINCIPAL
Organization WJF ASSOCIATES, LLC
P.O. Box, Bldg., Room No., if any
Street 25250 CHIPPENDALE ST.
City ROSEVILLE
State MICHIGAN ZIP Code + 4 48066

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:

DECEMBER / 2006

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 LINDA WYATT
Organization LISCO (LEVY INDIANA SLUG CO)
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street P.O. BOX 540
City PORTAGE
State INDIANA ZIP Code + 4 46368

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

Walter J. Fitzhenry

President
(If other title, see
instructions)

Title

PRINCIPAL

14. Signed

Treasurer
(If other title, see
instructions)

Title

On

3-30-06

Date

568 219-2658

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.):

1. CONSULT AND ADVISE MANAGEMENT OF LEVY INDIANA SLAG CO. (LISCO) REGARDING STRATEGY FOR CONDUCTING A CERTIFIED DECERTIFICATION ELECTION.
2. CONDUCT REGULAR INFORMATIONAL MEETINGS WITH EMPLOYEES.
3. PREPARE APPROPRIATE INFORMATIONAL MATERIAL AND RESPONSES TO EMPLOYEE QUESTIONS, IF ANY.

Specific Activities to be Performed

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

a. Nature of activity:

1. EDUCATE MANAGEMENT ON NLRB ACT ^{HOW} TO CONDUCT THEMSELVES ON WHAT THEY CAN AND CANNOT SAY TO EMPLOYEES.
2. EDUCATE EMPLOYEES REGARDING THEIR RIGHTS UNDER SECTION 7 OF NLRA.
3. MEETING TIMES/LOCATIONS WERE POSTED, MET EMPLOYEES ONE-ON-ONE.
4. WORKED WITH MANAGEMENT ON INFORMATIONAL HANDOUTS

11.b. Period during which performed:

3-6-06 TO 3-10-06

11.c. Extent performed:

COMPLETED

11.d. Name and address through whom performed:

Name WALTER J. FITZHENRY
 Organization W J F ASSOCIATES, LLC
 P.O. Box, Bldg., Room No., if any
 Street 25250 CHIPPENDALE ST.
 City ROSEVILLE
 State MICHIGAN ZIP Code + 4 48066

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:

ALL REGULAR PARTTIME AND REGULAR FULL TIME EMPLOYEES OF LISCO (LEVY INDIANA SLAG CO)

12.b. Identify subject labor organizations: