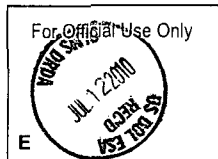




FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

438 436

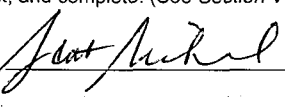
1. File Number: C-710

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Scott Michel	3. Any other address where records necessary to verify this report are kept:
Title	Name
Organization	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 819 Herman Road	P.O. Box, Bldg., Room No., if any
City Horsham	Street
State Oregon PA	City
ZIP Code + 4 19044	State
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	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	7. Date entered into: 8 / 5 / 2009
Organization Sandvik Coromant	8. Name of person(s) through whom made:
Trade Name, if any	Name Doug Barger
P.O. Box, Bldg., Room No., if any	Name
Street 300 Technology Court	Name
City Smyrna	Name
State Florida GA	Name
ZIP Code + 4 30082	

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 	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title _____		Title _____	
On 10-14-2010	215-628-8834	On _____	_____
Date	Telephone Number	Date	Telephone Number

Filer: Scott Michel

File Number C-

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 exercising their right to organize and bargain collectively. Terms are \$187.50 per hour 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 8/5/10

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services, Inc.

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

Street 7850 S Elm Place, Suite E

City Broken Arrow

State ☒ OK ☐ ZIP Code + 4 74011

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:

Warehouse and Production

12.b. Identify subject labor organizations:

Mine Workers