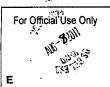
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## 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 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): MICHEL Name Name Title Title Organization Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 8/9 HERMAN AL Street City City HORSHAM ZIP Code + 4 State State 5. Type of person: 4. Date fiscal year ends: Individual b. Partnership c. Corporation **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: Name 8. Name of person(s) through whom made: Name MIKE MEQUILEN Organization SERV STEEL Trade Name, if any

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 Stott Michel  Title	President (If other title, see instructions)	14. Signed	d	<b>⊘</b>	Treasurer (If other title, see instructions)	
On 7/25/11 215 - U28  Date Telephone Numl		On	Date	Telephone Number		

Name

Name

Name

Name

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

Street 8.880 MISSISSIPPI ST.

City MERRIUMUE
State TN, SIP Code + 4 464/6

9. Check the appropriate box to indicate whether an object of the activities under	taken, 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 em such employer, except information for use solely in conjunction with a	ployees or a labor organization in connection with a labor dispute involving n 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.):  Varial agreement to peorite Consultation of to Ziv speecher to  employees about exercising their right to arganize & bargain  Collectively, Terms are \$187,50 per Mr. & expenses.					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity:  To provide Consultation 4 to Gr  Segarding their right to organ					
11.b. Period during which performed:	11.c. Extent performed: FULLY PERFORMED				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name	Name				
Organization FRI CONSULTING SERV. INC.	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 7850 S. ELM PLACE SUITE E.	Street				
City Broken Annow	City				
State OK © ZIP Code + 4 740//	State				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
LABONERS, Welders, MACHINE OPER,					
MECHANICS, PACKERS, FINISHERS,	TEAMSTERS				
MECHANICS, PACKERS, FINISHERS, Prep Workers					
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