

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)

5737116
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00525

Person Filing

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

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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 / 31

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

Organization Ashley Furniture Industries Inc

Trade Name, if any

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

Street One Ashely Way

City Arcadia

State WI ZIP Code + 4 54612

7. Date entered into:

9 / 26 / 2014

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

Name Gregory Kammer

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

President
(If other title, see
instructions)

Title CEO

14. Signed

Treasurer
(If other title, see
instructions)

Title President

On 12/5/2014 918-455-9995
Date Telephone Number

On 12/5/2014 918-455-9995
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.):

See Attached

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 9/28/14

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name William Herrera

Organization

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

Street 9427 Reston Grove Lane

City Houston

State TX ZIP Code + 4 77095

Additional Name and address through whom performed, if any:

Name Eric Vanetti

Organization Vantage Point Alliance

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

Street 18632 River Crossing Blvd

City Davidson

State North Carolina ZIP Code + 4 28036

12.a. Identify subject groups of employees:

various employees

12.b. Identify subject labor organizations:

pre-petition

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Johan Pena

Organization

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

Street 261 NW 57th Ave #1

City Miami

State Florida ZIP Code + 4 33126

Additional Name and address through whom performed, if any:

Name Evelyn Fragoso

Organization

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

Street 2700 Courtleigh Drive

City Bakersfield

State CA ZIP Code + 4 93309

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

Additional Name and address through whom performed, if any:

Name

Organization LRI Consulting Services Inc

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

Street 7850 S Elm Place

City Broken Arrow

State OK ZIP Code + 4 74011

12.a. Identify subject groups of employees:

various employees

12.b. Identify subject labor organizations:

pre-petition