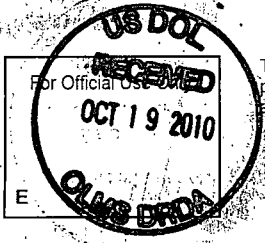


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

438427

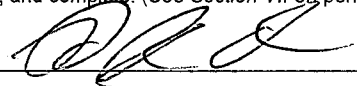
1. File Number: c-709

| Person Filing | |
|---|--|
| 2. Name and mailing address (include ZIP Code): | |
| Name Byron j Clay | 3. Any other address where records necessary to verify this report are kept: |
| Title President | Name |
| Organization BCC Enterprises, Inc | Title |
| P.O. Box, Bldg., Room No., if any | Organization |
| Street 10108 Fehlberg Court | P.O. Box, Bldg., Room No., if any |
| City Saint John | Street |
| State Indiana ZIP Code + 4 46373 | City |
| | State ZIP Code + 4 |
| 4. Date fiscal year ends: | 5. Type of person: |
| Dec / 31 | a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): |

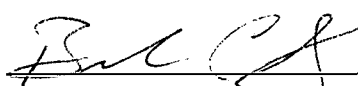
| Nature of Agreement or Arrangement | |
|---|---|
| 6. Full name and address of employer with whom made (include ZIP Code): | |
| Name Todd Morgan | 7. Date entered into: 9 / 15 / 2010 |
| Organization Sejong Alabama, LLC | 8. Name of person(s) through whom made: |
| Trade Name, if any | Name |
| P.O. Box, Bldg., Room No., if any | Name |
| Street 450 Old Fort Road | Name |
| City Fort Deposit | Name |
| State Alabama ZIP Code + 4 36032 | 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 President

14. Signed  Treasurer
(If other title, see instructions)

Title Treasurer

On 10/14/2010 (219) 365-9457
Date Telephone Number

On 10/14/2010 (219) 365-9457
Date Telephone Number

| | |
|---|----------------|
| Filer: Byron Clay BCC Enterprises, Inc | 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.):

No written agreement. I worked as an independent consultant through the Labor Relations Institute. LRI had the contract with Sejong Alabama, LLC. My engagement was with LRI.

One LRI Plaza
 7850 S Elm Place
 P.O. Box 1529
 Broken Arrow, OK 74013

| Specific Activities to be Performed | |
|--|---|
| 11. For each activity, separately list in detail the information required (See instructions): | |
| a. Nature of activity: Hold meetings with employees to inform, educate and persuade employees to not support the union. | |
| 11.b. Period during which performed: Various days beginning 9/15/2010 | 11.c. Extent performed: Completed |
| 11.d. Name and address through whom performed: 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 P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 |
| 12.a. Identify subject groups of employees: Operators, Welders, Shippers, Forklift Operators, Material Handlers, Quality Inspectors, Maintenance and Janitors | 12.b. Identify subject labor organizations: HRBusiness Concepts, LLC |