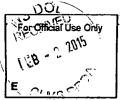
U.S. Development of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 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.

c 66 631 1. File Number. Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Patrick OMara Name Name President Title Title Organization OMara & Associates, LLC Organization P.O. Box, Bidg., Room No., if any P.O. Box 2624 P:O: Box, Bldg:, Room No., 17 any: 3.97 Street Street 130 Landing Court City Novato City Novato State California ZIP Code + 4 94948 ZIP Code + 4 94945 State California 4. Date fiscal year ends: 5. Type of person: Dec Individual b. Corporation d. Other (Specify): LLC Partnership c. Nature of Agreement or Arrangement 6: Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 24 / 2014 Name Rodrigo Lozano 8. Name of person(s) through whom made: Organization examine MOUNTAINE FAYWS Name Rodrigo Lozano Trade Name, if any Name P.O. Box, Bldg., Room No., if any 339 Street Name City Lumber Bridge Name State North Carolina ZIP Code + 4 28357 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 Treasurer (If other title, see (If other title, see instructions) instructions) Title Title _____ Qn Telephone Number Telephone Number

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 give speeches to employees about exercising their right to organize and bargain collectively.

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 3/3/14	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 LRI Consulting Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any
Street 7850 S. Elm Place	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Various Employees	Pre Petition
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