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.

4646663

1. File Number: C- 710

Person Filing

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Scott Michael	Name
Title	Title
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 819 Herman Rd	Street
City Horsham,	City
State PA ZIP Code + 4 19044	State ZIP Code + 4

4. Date fiscal year ends:	5. Type of person:
12/31 / 11	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):	7. Date entered into: 5 / 13 / 11
Name	
Organization Hitachi Metals Auto. Components	8. Name of person(s) through whom made:
Trade Name, if any	Name Simon Davis
P.O. Box, Bldg., Room No., if any	Name
Street 117 Gulic St.	Name
City Bloss Burg	Name
State PA ZIP Code + 4 26923	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 *Scott Michl*	President (If other title, see instructions)	14. Signed	Treasurer (If other title, see instructions)
Title		Title d	
On 7/25/11 Telephone Number 215-628-8836		On Date Telephone Number	

Form LM-20 (2003)

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 & to give speechs to employer about exercising their right to organize & Bargain collectively. Terms are $187.50 per hr. & 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 & to give speechs to employees regarding their rights to organize & Bargain collectively.

11.b. Period during which performed:	11.c. Extent performed:
VARIOUS DAYS 5/24/11 thru 6/21/11	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, Bldg., Room No., if any
Street 7850 S. ELM PLACE, SUITE E	Street
City BROKEN ARROW	City
State OK ZIP Code + 4 74011	State ZIP Code + 4

12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Production + Maintenance	Steelworkers, Paper, Rubber, Manufacturing, Energy Workers