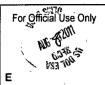
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## 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): SCOTT MICHEL 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 HONSHAM, City ZIP Code + 4 / 90 √ 9 State 4. Date fiscal year ends: a. Individual b. Partnership c. Corporation d. Other (Specify): **Nature of Agreement or Arrangement** 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): 3/16/11 Name 8. Name of person(s) through whom made: Organization CASHS SCHAP METAL + IRON BLOCK STU Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 3144 N. Brow DWAY ST. Name City ST. LOUIS, DO 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.) President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) 0 on 7-25-11 215-628-883/

Date

Telephone Number

Filer: Scott Micher		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 & to give speeches to		
Verbal agreement to Provide Consultation & to give speecher to employees about exercising their right to organize & Bargain Collectively, Terms are \$187, 50 per hr. & appensent,		
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 speaches to employees		
To provide consultation & to give speaches to employees regarding their rights to organize & bargain collectively.		
44 b. Dariad during which porformed	11.c. Extent performed:	
11.b. Period during which performed:  VANUOUS DAYS 3/21/11 thru 4/13/11	·	State of the state
11.d. Name and address through whom performed:	Additional Name and addre	sschrough whom performed, if any:
Name	Name	
Organization LRI CONSULTING SEAVICES	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 7850 S. ELM PLANE, SUITE E	Street	
city Broken Arnow	City	
State	State	
12.a. Identify subject groups of employees:	12.b. Identify subject labor	organizations:
DRIVERS	TEAMST	ENS