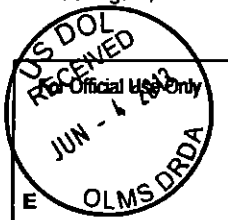


Amended

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.

529743

1. File Number: C- 00658

Person Filing

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

Name Jason Greer

Title Chief Executive Officer

Organization Greer Consulting Inc.

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

Street 6311 Ronald Reagan Drive, Suite 162

City Lake Saint Louis

State Missouri

ZIP Code + 4 63367

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 Victor Columbus

Organization Pratt Industries

Trade Name, if any

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

Street 1800C Sarasota Parkway

City Conyers

State Georgia

ZIP Code + 4 30012

7. Date entered into:

4 / 1 / 2012

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

Name Victor Columbus

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 Other (Specify)

Chief Executive Officer

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 5/30/13
Date

314-643-6572
Telephone Number

On _____
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.):

None

Specific Activities to be Performed

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

a. Nature of activity:

The Consultant met with all line level employees in the Employer's facility in order to discuss with employees a component of the Employer's Employee Relations functions.

11.b. Period during which performed:

4/24/12 - 4/25/12

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization Greer Consulting Inc.

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

Street 6311 Ronald Reagan Drive, Suite 162

City Lake Saint Louis

State Missouri

ZIP Code + 4 63367

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:

All line level employees located at the Employer's facility

12.b. Identify subject labor organizations:

N/A