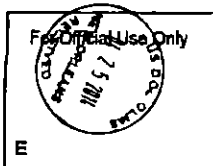


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2018



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.

856483

1. File Number: C- 46188

Person Filing

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

Name Joseph H Alex
Title President/ Principal Consultant
Organization Workforce 2000 Concepts
P.O. Box, Bldg., Room No., if any
Street 3302 Gordon Avenue
City Monroe
State Louisiana ZIP Code + 4 71202

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 Phil Wilson
Organization Labor Relations Institute
Trade Name, if any LRI Consulting Services
P.O. Box, Bldg., Room No., if any
Street 7850 S. Elm Place
City Broken Arrow
State Oklahoma ZIP Code + 4 74011

7. Date entered into:

7 / 14 / 2011

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

Name
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

Joseph H. Alex
Title President

President
(If other title, see instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see instructions)

On 4-19-14
Date

318-855-6256
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.):

Union Free Consulting assignment for EBI, LLC in Roanoke, VA, which I performed no consulting service for the LRI Consulting Service. Because of a staff disagreement I removed myself from this assignment and returned to my home in Monroe, LA. I was paid any consultant fees by EBI, LLC for my two (2) days of activities by LRI when the enclosed invoice was submitted to LRI for payment through EBI, LLC. About 90 days after this invoice LRI finally agreed to pay my travel expenses back to my home which was approximately \$711.00. LRI voided and refused to pay my return airline ticket to my home.

Specific Activities to be Performed

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

a. Nature of activity:

No consultant services were done by me for which I was paid a fee. I only received the above mentioned travel reimbursement from LRI for the EBI assignment.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Phil Wilson

Organization LRI Consulting Service

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

Street 7850 S. Elm Place - Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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:

NONE

12.b. Identify subject labor organizations:

NONE