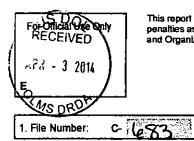
Office of Labor-Management Standards Washington, DC 20210

FUNIVI LIVI-ZU **AGREEMENT AND ACTIVITIES REPORT**

τυπι αρμιύνου Office of Management and Budget No. 1245-0003 Expires 08-31-2016



1. File Number:

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.

2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are	ept:	
Name Joseph Brock Name		
Title President Title	[3]	
Organization East Coast Labor Relations, LLC Organization		
P.O. Box, Bldg., Room No., if any		
Street 151 Forge Rd Street		
City Delran City		
State New Jersey ZIP Code + 4 08075 State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:		
Dec 31 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:		
Name		
Organization Owens Corning 8. Name of person(s) through whom made:		
Trade Name, if any Name Cole		
P.O. Box, Bldg., Room No., if any Name	1	
Street One Owens Corning Parkway, MS 1F6		
City Toledo Name		
State Ohio ZIP Code + 4 43659 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 14. Signed Treasurer		
(If other title, see instructions)		
Title (State of the State of th		
On 3/22/14 215-840-2088 On		
Date Telephone Number Date Telephone Number		

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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
3. Officer the appropriate box to indicate whicher an object of the addition of the directly of the activity.		
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 give speech to employees regarding their right to organize and collectively bargain: 187.50 per hour plus expenses		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity:		
11.b. Period during which performed: Various days beginning 12/30/13	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 Labor Relations Institute	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 7850 S. Elm Place	Street	
City Broken Arrow	City	
State Oklahoma ZIP Code + 4 74013	State ZIP Code + 4	
12.a. Identify subject groups of employees: 12.b. Identify subject labor organizations;		
Various employees	pre-petition	