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. 1215-0188
Expires 09-30-2011



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 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Eric Vanetti Name Title Owner
Organization Vantage Point Alliance Title Organization P.O. Box, Bldg., Room No., if any-Street 18632 River Crossing Blvd. Street Davidson City ZIP Code + 4 28036 ZIP Code + 4 State NC State 5. Type of person: 4. Date fiscal year ends: a. Individual b. Partnership Corporation Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2011 8. Name of person(s) through whom made: Organization LRI Consulting Services Inc Name Phil Wilson, Trade Name, if any Name: P.O. Box-Bldg. Room No., if any Name Street 7850 South Elm Place, Suite E City Broken Arrow . Name ZIP Code + 4 74011 State Oklahoma 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.) 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Title Date Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:	
a, X To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and barga collectively through representatives of their own choosing.	n
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involves such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.	ng eding,
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):	

verbal agreement with LRI Consulting Services to provide consulting at Buffalo Wild Wings at \$1500 per day plus reasonable travel expenses.

	Performed

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

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11,b. Period during which per		11.c. Extent performed:			
various days beginning 1/11/12 11.d. Name and address through whom performed:			Fully Performed Additional Name and address through whom performed, if any:		
Name		Name			
Organization		Organization	Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any			
√Street		Street			
City	المسترات الم	City	•		
State	ZIP Code + 4	State ZIP Cod	le +.4.		
12.a. identify subject groups of employees:		12.b. Identify subject labor organizations:			
Various Employees		Pre-Petition	•		
	•				
		\$			
•					