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 07-31-2019

For Official Use, Only RECEIVED NOV 1 3 2017

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) 657894 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. Person Filing 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): JOHN A. ANTHONY Name Title Title Organization Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any ROTHENBURG LANE Street City ZIP Code + 4 35016 ZIP Code + 4 State State 4. Date fiscal year ends: 5. Type of person: a. Individual b. Partnership c. Corporation d. Other (Specify): Dec 31 /2017 Nature of Agreement or Arrangement 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): 13 /2017 Name AIR FLOW EQUIPMENT INC. Name of person(s) through whom made: Organization MANUFACTURING Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 2676 S. 26TH STREET Name KALAMAZOO Name ZIP Code + 4 49048 State M T Name 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.) Treasurer 14. Signed President 13. Signed (If other title, see (If other title, see instructions) instructions) Treasurer President Title Title

Date

Oct 31, 2017 256.558 - 88 9 7

Date Telephone Number

Telephone Number

3		
	Filer	File Number C- 67787

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.): SERVICES SUPPLIED IN CONNECTION WITH NERB UNION CONSULTING ELECTION CAMPAIGN. NO FORMAL WRITTEN AGREEMENT. SERVICES PROVIDED INCLUDED COMMUNICATIONS WITH EMPLOYEES.

Specific Activities to be Performed

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

a. Nature of activity:

COMMUNICATIONS TO PERSORDE EMPLOYEES ON EXERCISING THEIR RIGHTS DURING THE UNION ELECTION COMPAIGN. THIS INCLUDED SUPPORTING THE EMPLOYEES VOTE NO. INDIVIDUAL COMMUNICATION AND PASSING OUT MATERIAL.

11.b. Period during which performed:	11.c. Extent performed:
Oct 3 2017 to Oct 17, 2017	COMPLETED
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name DICK DEYOUNG	Name
Organization AIR Flow Equipment TNC.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 2676 S. 26# STREET	Street
City KALAMAZOO	City
State MI ZIP Code + 4 49048 - 9619	State ZIP Code + 4
12.a. Identify subject groups of employees: AIR FLOW EQUIPMENT HOURLY EMPLOYEES WITHIN THE NOTING UNIT AS DESCRIBED BY THE STIPULATED ELECTION AGREEMENT WITH THE NLRB.	12.b. Identify subject labor organizations: SMART Local 7