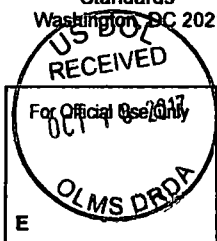


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

657304

1. File Number:

C-

643

Person Filing

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

Name Chris Cimino
Title CEO
Organization CACR Labor Education Services
P.O. Box, Bldg., Room No., if any
Street 1141 West Washington Blvd., #235
City Chicago
State Illinois ZIP Code + 4 60607

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 Chris Kapp
Organization Vice President, Human Resources
Trade Name, if any NCI Building Systems
P.O. Box, Bldg., Room No., if any
Street 10943 N. Sam Houston Pkwy. W.
City Houston
State Texas ZIP Code + 4 77064

7. Date entered into:

6 / 19 / 2017

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

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 10/06/2017

Date

312-433-0003

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.):

NCI retained CACR Labor Education Services to provide education and information about the National Labor Relations Act (NLRA).

Specific Activities to be Performed

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

a. Nature of activity:

Gerry O'Brien, a consultant with CACR Labor Education Services, met with employees at NCI Metal Coaters to provide information and answer questions about the NLRA.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name Gerry O'Brien

Name

Organization

Organization

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

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

Street 23 Summit Hieghts

Street

City North Oaks

City

State Minnesota

ZIP Code + 4 55127

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Hourly employees in production and maintenance.

12.b. Identify subject labor organizations:

Machinists Union, Local 1943