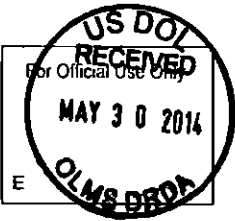


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

556998

1. File Number: C- 703


Person Filing	
2. Name and mailing address (include ZIP Code): Name Byron j Clay Title President Organization BJC Enterprises, Inc. P.O. Box, Bldg., Room No., if any Street 10108 Fehlberg Court City Saint John State Indiana <input checked="" type="checkbox"/> ZIP Code + 4 46373	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 <input checked="" type="checkbox"/> ZIP Code + 4
4. Date fiscal year ends: Dec <input checked="" type="checkbox"/> / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Jeff Beagle Organization Stingray Energy Services Trade Name, if any P.O. Box, Bldg., Room No., if any Street 14301 Caliber Drive, Suite 210 City Oklahoma City State Oklahoma <input checked="" type="checkbox"/> ZIP Code + 4 74134	7. Date entered into: 3 / 18 / 2014 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 5/15/2014 219-577-7420
Date Telephone Number

On 5/15/2014 219-577-7420
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.):

No written agreement. I was engaged by LRI to perform for Stingray Energy Services as an Independent Consultant working for LRI, Inc.

Specific Activities to be Performed

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

a. Nature of activity:

I held meetings to educate employees about all aspects of unionization so that they could make an informed decision on whether or not to join a union.

11.b. Period during which performed:

various days beginning 3/24/2014

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Byron J Clay

Organization

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

Street 10108 Fehlberg Court

City Saint John

State Indiana ☒ ZIP Code + 4 46373

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:

Logistics Drivers

12.b. Identify subject labor organizations:

Teamsters