U. Pepartment 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 Joseph Brock Title Title President Organization East Coast Labor Relations, LLC P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 151 Forge Rd Street City Delran City State New Jersey ZIP Code + 4 08075 State 4. Date fiscal year ends: 5. Type of person: 31 a X Individual b. d. X Other (Specify): Partnership Corporation **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: **5** / **0** / 2010 8. Name of person(s) through whom made: Organization Best Buy Name Jim Showalter Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 7601 Penn Avenue South richfield Name ZIP Code + 4 State Minnesota 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 (If other title, see instructions) instructions) resident 0 Title Date Telephone Number

File .	File Number C-	
<i>√</i>		
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 en collectively through representatives of their own choosing.	mployees as to the manner of exercising, the right to organize and bargain	
b. To supply an employer with information concerning the activities of emsuch employer, except information for use solely in conjunction with a	nployees or a labor organization in connection with a labor dispute involving in administrative or arbitral proceeding or a criminal or civil judicial proceed	g ing.
10. Terms and conditions (Explain in detail; see instructions. Written agreements Verbal Agreement to provide consultation and give sorganize and bargain collectively. Terms are 187.50	speeches to employees exercising their right to	
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct	tions):	
a. Nature of activity: To provide consultation and give speeches to employ collectively	yees regarding their rights to organize and barga	iin
11.b. Period during which performed:	11.c. Extent performed:	
Various days beginning 5/3, 5/4 \$ \$ 2010	Fully performed	

11.b. Period during which performed:	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 LRI Consulting Services, Inc	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S. Elm Street	Street
City Broken Arrow	City
State Oklahoma OZIP Code + 4 7 4013	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Home Thenthe Titallation Techs	Clectrical fadio a machine nonces