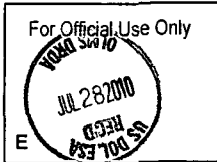


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

423630

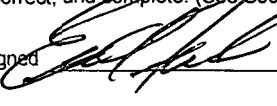
1. File Number: C- 704

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Eric A Funston	3. Any other address where records necessary to verify this report are kept:
Title Owner	Name
Organization	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 4613 E. 13th Street	P.O. Box, Bldg., Room No., if any
City Tulsa	Street
State Oklahoma	City
ZIP Code + 4 74112	State
ZIP Code + 4	ZIP Code + 4
4. Date fiscal year ends:	
Dec / 31	
5. Type of person:	
a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 Ty Ondatje	7. Date entered into: 3 / 3 / 2010
Organization Iron Mountaion	8. Name of person(s) through whom made:
Trade Name, if any	Name Ty Ondatje
P.O. Box, Bldg., Room No., if any	Name
Street 13379 Jurupa Avenue	Name
City Fontana	Name
State California	Name
ZIP Code + 4 92335	

## 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 Sole Proprietor  
President (If other title, see instructions)

14. Signed \_\_\_\_\_  
Title \_\_\_\_\_  
Treasurer (If other title, see instructions)

On 7/6/10 718-836-5111  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

Filer: Eric Funston

File Number C-

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.):

Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses.

**Specific Activities to be Performed**

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

a. Nature of activity:

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

Various Days 3/10/10 thru 3/11/10

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization Lri Counsulting Services Inc.

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

Street 7850 South Elm Place Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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:

Drivers

12.b. Identify subject labor organizations:

UAW