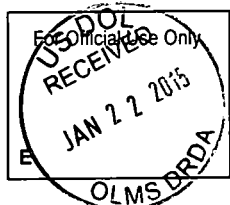


# FORM LM-20

## 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)

575541

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00525

### Person Filing

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

Name

Title

Organization LRI Consulting 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

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

Organization Ashley Furniture Industries Inc

Trade Name, if any

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

Street One Ashley Way

City Arcadia

State WI ZIP Code + 4 54612

7. Date entered into:

12 / 5 / 2014

8. Name of person(s) through whom made:

Name Gregory Kammer

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

President  
(If other title, see  
instructions)

Title CEO

14. Signed

Treasurer  
(If other title, see  
instructions)

Title

President

On 1/16/2015

Date

918-455-9995

Telephone Number

On 1/16/2015

Date

918-455-9995

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.):

Verbal agreement. \$3,000 per day per consultant plus reasonable travel expenses.

#### Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 12/8/14

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization Action Resources

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

Street 3892 Brook Hills Road

City Fallbrook

State CA

ZIP Code + 4 92028

Additional Name and address through whom performed, if any:

Name John Cevallos

Organization Cevallos Consulting Services

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

Street 8553 San Clemente Drive

City Rancho Cucamonga

State California

ZIP Code + 4 91730

12.a. Identify subject groups of employees:

Furniture manufacturing including manufacturing, sanding, upholstery, milling, router operators, assembler, clean up, foam mill, packeting, material handler, production worker, framing, foam seal, quilters, tapers, stagers, quality control, wood department, line suppliers, lab department, motion lanes and emerol department

12.b. Identify subject labor organizations:

Carpenters & Joiners

**Specific Activities to be Performed (Continuation Page)**

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

## a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Eric Vanetti

Organization Vantage Point Alliance

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

Street 18632 River Crossing Blvd

City Davidson

State North Carolina ZIP Code + 4 28036

Additional Name and address through whom performed, if any:

Name Evelyn Fragoso

Organization

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

Street 2700 Courtleigh Drive

City Bakersfield

State CA ZIP Code + 4 93309

Additional Name and address through whom performed, if any:

Name Johan Pena

Organization

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

Street 261 NW 57th Ave #1

City Miami

State Florida ZIP Code + 4 33126

Additional Name and address through whom performed, if any:

Name William Herrera

Organization

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

Street 9427 Reston Grove Lane

City Houston

State TX ZIP Code + 4 77095

12.a. Identify subject groups of employees:

Furniture manufacturing including manufacturing, sanding, upholstery, milling, router operators, assembler, clean up, foam mill, packeting, material handler, production worker, framing, foam seal, quilters, tapers, stagers, quality control, wood department, line suppliers, lab department, motion lanes and emerol department

12.b. Identify subject labor organizations:

Carpenters &amp; Joiners