U.S. Department 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. 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)

E MS DR	READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT. 654003	
1. File Number: C- 65203			
Person Filing			
Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:	
Name Mark A Lema		Name in ( ) (1)	
Title Founder & CEO		Title N/A	
Organization LAAHR		Organization Lema & Associates	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street PO Box 385		Street PO Box 129	
City Hainesport		City Burlngton	
State New Jersey	ZIP Code + 4 08036	State New Jersey ZIP Code + 4 08016	
4. Date fiscal year ends:	5. Type of person:		
Dec / 31	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 Ian Barret		7. Date entered into:  2 / 9 / 2017	
Organization 40ver, Inc.		8. Name of person(s) through whom made:	
Trade Name, if any		Name Ian Barret	
P.O. Box, Bldg., Room No., if any		Name	
Street 5900 San Fernando Road		Name	
City Glendale		Name	
State California	ZIP Code + 4 91202	Name	
Signatures			
Each of the undersigned declares, und the information contained in any accountrue, correct, and complete (See Section 13. Signed  Title President	panying documents) has been examined	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed  Treasurer (If other title, see Instructions)	
On Date 60	9-3860-0944 Telephone Number	On Date Telephone Number	

Filer: Mark Lema LAAHR	File Number C-		
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9. Check the appropriate box to indicate whether an object of the activities under	taken, 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 bargai 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 proceedin			
10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached.):		
Verbal Agreement with LRI Consulting Services Agreement included a fee per day and payment of reasonable expenses.			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instructions):			
a. Nature of activity:			
Retained to conduct informational and educational meetings with employees and members of the management team regarding the procedures under the NLRB secret ballot election and their rights and duties under the NLRA.			
11.b. Period during which performed:	11.c. Extent performed:		
Various days starting on 02/13/17			
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 Place, Ste. E	Street		
City Broken Arrow	City		
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Various employees	Pre-petition		