

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name Mark A Lema Title Founder & CEO Organization LAAHR P.O. Box, Bldg., Room No., if any PO BOx 129 Street City Burlington State New Jersey ZIP Code + 4 08016 4. Date fiscal year ends: Dec / 31 State New Jersen 5. Type of person: a. Individual b. Partnership c. 2 Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Organization Jacmar Food Services Trade Name, if any P.O. Box, Bldg., Room No., if any	e panization D. Box, Bldg., Room No., if any eet
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Trade Name, if any P.O. Box, Bldg., Room No., if any Street 300N Baldwin Park Blvd. No.	Name of person(s) through whom made:
P.O. Box, Bldg., Room No., if any Street 300N Baldwin Park Blvd.	me Randy Moore
Street 300N Baldwin Park Blvd.	me
<u></u>	me
City of Insaustry	
State California ZIP Code + 4 91746	me
State California ZIP Code + 4 91746 N	me
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable penalthe information contained in any accompanying documents) has been examined by the true, correct, and complete. See Section VII on penalties in the instructions.) 13. Signed President (If other title, see	ne signatory and is, to the best of the undersigned's knowledge and belief, Signed Treasurer (If other title, see
on 00-01-2016 (209-386-0944	Title Treasurer instructions)

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Filer: Mark Lema LAAHR	File Number C- 65203	
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 with LRI Consulting Services for a fixed fee per day per services, plus reasonable		
expenses.		
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct	ions):	
a. Nature of activity:		
Retained to conduct informational and educational meetings with employees, executives, managers and		
supervisors regarding their rights, duties and responsibilities under the National Relations Act and		
pertaining to the National Relations Board election	ı procedures.	
11.b. Period during which performed:	11.c. Extent performed:	
Various Days starting on 11-11-2015		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name	Name	
o ware IPI Jahor Polations Instituto	Oppositor	
Organization LRI - Labor Relations Institute	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 7850 South Elm Place - Suite E	Street	
City Broken Arrow	City	
State Ohlahama 7ID Code + 4, 74.01.1	State ZIP Code + 4	
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
CANs, LPN and RNs.(Certified Nurse Assistants and	SEIU Local 1199	
Registered Nurses.		
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