

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 10-31-2013



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. | | | | | | |
|---|-----------------------------------|---|---|--|---------------------------------------|--|
| OLMS 46879 | 1 | | | | | |
| 1. File Number: C- 00714 | | | | | | |
| Person Filing | | | | | | |
| Name and mailing address (include ZIP Code): | | 3. Any other add | ress where records | necessary to verify this | eport are kept: | |
| Name | | Name | | | | |
| Title | | Title | | | | |
| Organization SEO Solutions Co, LLC | | Organization | | | | |
| P.O. Box, Bldg., Room No., if any | | P.O. Box, Bldg., Room No., if any | | | | |
| Street 4613 E. 13th Street | | Street | Street | | | |
| City Tulsa | | City | | | | |
| State Oklahoma ZIP Code + 4 | 74112 | State | | ZIP Code + 4 | | |
| 4. Date fiscal year ends: 5. Type of person | | | | | | |
| Dec / 11 a. Individual | b. Partnership | c. Corporatio | n d. X Other (S | pecify): LLC | | |
| | | | | | | |
| Nature of Agreement or Arrangement | | | | | | |
| 6. Full name and address of employer with whom made (inc | clude ZIP Code): | 7. Date entered | into: | / 27 / 201 | 1 | |
| Name Bill Rhue | | 8. Name of person(s) through whom made: | | | | |
| Organization Reynolds America, Inc | | | (-) | | | |
| Trade Name, if any | | Name | | | | |
| P.O. Box, Bldg., Room No., if any | | Name | | | | |
| Street 401 North Main Street | | Name | | | | |
| City Winston-Salem | | Name | | | | |
| State North Carolina ZIP Code + 4 | 27101 | Name | | | | |
| | Sign | atures | | | | |
| Each of the undersigned declares, under penalty of perjur the information contained in any accompanying document true, correct, and complete. (See Section VII or penalties | s) has been examine | e penalties of law, d by the signatory | that all of the inform and is, to the best o | nation submitted in this re of the undersigned's know | port (including rledge and belief, | |
| 13. Signed Jank | President (If other title, see | 14. Signed | | | Treasurer (If other title, see | |
| Title President | instructions) | Title | | | instructions) | |
| | | | | · · · · · | | |
| On 10/08/2011 918-836-5111 | | On | | | | |
| Date Telephone Number | er . | | Date | Telephone Number | | |

| | | | 1 | | |
|--------|-------------------|-----|------|-----------|-------|
| Filer: | SEO Solutions Co, | LLC | File | Number C- | 00714 |
| | | | | | |

| 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 barg collectively through representatives of their own choosing. | jain |
| b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute invosuch employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding or civil | lving æeding. |

| 10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): | |
|---|---|
| Oral Agreement to bill for services rendered. | |
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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 to bargin collectively.

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|---|--|--|--|
| 11.b. Period during which performed: | 11.c. Extent performed: | | |
| Various days 9/27 thru 10/21/11 | 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 South Elm Place | 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: | | |
| All Production and maintenace employees, including employees in wage labor grades 0,2,4,5,6,8,9 and 10, andministration coordinators, CFA specialists, Sr. Formula Mixing | Baker, Confectionary, & Tobacco workers International, AFL-CIO and International Association of Machinists and Aerospace Workers, AFL-CIO. | | |

Carolina facility and Whitaker Park complex in Winston-Salem, North Carolina, including manufactoring employees working at the Bowman Gray Technical Center.