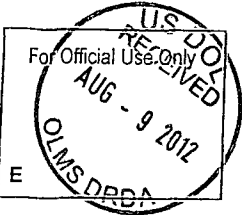


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011



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.

562100

1. File Number: C 1080

### Person Filing

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

Name Ronald L. Mason  
Title President  
Organization Midwest Management Consultants, Inc.  
P.O. Box, Bldg., Room No., if any  
Street 425 Metro Place N., Suite 620  
City Dublin  
State Ohio ZIP Code + 4 43017

#### 3. Any other address where records necessary to verify this report are kept:

Name Ronald L. Mason  
Title President  
Organization Midwest Management Consultants, inc.  
P.O. Box, Bldg., Room No., if any  
Street 425 Metro Place N., Suite 620  
City Dublin  
State Ohio ZIP Code + 4 43017

#### 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 Mr. Rob Barron, SVP/General Counsel  
Organization NFI Industries  
Trade Name, if any NFI  
P.O. Box, Bldg., Room No., if any  
Street 570 West North Frontage Road  
City Bolingbrook  
State IL ZIP Code + 4 60440

#### 7. Date entered into:

06 / 25 / 12

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

Name Mr. Rob Barron  
Name Mrs. Janeth Villalobos  
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

*Ronald L. Mason*

President  
(If other title, see instructions)

14. Signed

*Ronald L. Mason*

Treasurer  
(If other title, see instructions)

Title President

Title Treasurer

On 8/1/12  
Date

614-734-9450  
Telephone Number

On 8/1/12  
Date

614-734-9450  
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 to represent NFI in labor dispute against becoming union at their facility in Bolingbrook, IL. Agreement has never been reduced to writing, is for no specific time, and may be terminated by either party at any time.

All consultations billed at \$175.00 per hour including travel time and expenses.

**Specific Activities to be Performed**

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

a. Nature of activity:

Giving speeches, preparing written materials for distribution, and conducting meetings with employees and management.

11.b. Period during which performed:

06/25/12 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Mr. Rob Barron, SVP/General Counsel

Organization NFI Industries

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

Street 570 West North Frontage Road

City Bolingbrook

State IL ZIP Code + 4 60440

Additional Name and address through whom performed, if any:

Name Mrs. Janeth Villalobos, HR Manager

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Warehouse Employees

12.b. Identify subject labor organizations:

Unknown