

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Office Use Only
RECEIVED
JUL 28 2013
OLMS DRDA

This report is mandatory under P.L. 85-257, 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(a) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

574493

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C-66108 66018

Text

Person Filing

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

Name Charles R Stephenson

Title Member

Organization CRS Labor Relations Solutions

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

Street 1500 E. Katella Ave.

City Orange

State California

ZIP Code + 4 92867

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:

/

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 Gwen Inman

Organization Rinchem Company Inc.

Trade Name, if any

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

Street 23650 NW Huffman St.

City Hillsboro

State Oregon

ZIP Code + 4

7. Date entered into:

4 / 9 / 2013

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

Name Gwen Inman

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

Charles Stephenson

President
(If other title, see
instructions)

Title Other (Specify)

14. Signed

Treasurer
(If other title, see
instructions)

Title d

On 5-31-2013

Date

951-371-6606

Telephone Number

On

Date

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.):

starting 4/9/2013 until the assignment ends (no end date has been determined), our firm will be conducting meetings with employees. there is no maximum number of hours or days allocated to this work assignment.

Specific Activities to be Performed

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

a. Nature of activity:

To inform employees in their right to choose whether or not they wish to be represented for the purposes of collective bargaining

11.b. Period during which performed:
various days beginning 4/9/2013

11.c. Extent performed:
On-going

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations: