

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

MAY 13 2008

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number: C- 00525

361862

Person Filing

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

Name

Title

Organization LRI Consulting Services, Inc

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

Street 7850 South Elm Place

City Broken Arrow

State ZIP Code + 4 74011

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:

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

Organization Petermann LLC

Trade Name, if any

P.O. Box, Bldg., Room No., if any 8041 Hobbrook Road, Ste 330

Street

City Cincinnati

State OH ZIP Code + 4 45236

7. Date entered into:

1 / 22 / 2008

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

Name Lisa Forsthoefel

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 instructions.)

13. Signed

President
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

Stamp

Delete

On 5/8/2008

918-455-9995

Date

Telephone Number

Clear Signatures

On 5/8/2008

918-455-9995

Date

Telephone Number

Filer:

LLI Consulting Services, Inc

File Number C-

00525

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.):

Agreement to provide consultation, to give speeches to employees about exercising their right to organize and bargain collectively.

Specific Activities to be Performed

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

a. Nature of activity:

TEST PG/CNT

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:
various days 2/25/08 - 3/20/08

11.c. Extent performed:
Fully performed

11.d. Name and address through whom performed:

Name Rebecca Smith

Organization

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

Street 4836 Castle Lake CT

City Las Vegas

State NV ZIP Code + 4 89139

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:

Bus Drivers, Substitutes, Monitors and Mechanics

12.b. Identify subject labor organizations:

Teamsters