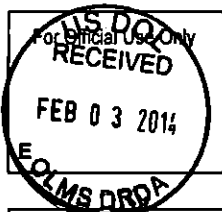


# FORM LM-20

## 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

540 487

1. File Number: c-752

### Person Filing

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

Name Eric J Vanetti

Title Owner

Organization Vantage Point Alliance

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

Street 3611 S. Gekeler Ln., M-124

City Boise

State Idaho

ZIP Code + 4 83706

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:

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 Paul Fox

Organization OK Industries

Trade Name, if any

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

Street 4601 North 6th Street

City Fort Smith

State Arkansas

ZIP Code + 4 72904

7. Date entered into:

11 / 26 / 2013

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

Name Paul Fox

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 Eric Vanetti

President  
(If other title, see  
instructions)

Title Sole Proprietor

14. Signed \_\_\_\_\_

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 01/21/2014 704-804-1625

Date

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.):

Through verbal agreement with LRI Consulting Services, \$750/day plus reimbursement for reasonable travel expenses.

#### Specific Activities to be Performed

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

a. Nature of activity:

Conduct headcount assessment interviews with supervisors. I had no contact with hourly employees.

11.b. Period during which performed:  
12/02/2013 to 12/04/13

11.c. Extent performed:  
Completed

11.d. Name and address through whom performed:

Name Philip B Wilson  
Organization LRI Consulting Services  
P.O. Box, Bldg., Room No., if any LRI Plaza  
Street 7850 South Elm Place  
City Broken Arrow  
State Oklahoma ZIP Code + 4 74013

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:

Hourly employees including production and maintenance, shipping and receiving, lead persons, quality assurance and sanitation.

12.b. Identify subject labor organizations:

United Food & Commercial Workers (UFCW)