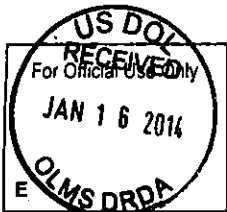


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



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)

539692

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00525

### 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, Suite E

City Broken Arrow

State Oklahoma

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:

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

Organization Conway Olejniczak & Jerry

Trade Name, if any on behalf of Silvan/Samuel Press

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

Street 2121 Cleveland Avenue

City Marinette

State WI

ZIP Code + 4 54143

#### 7. Date entered into:

11 / 15 / 2013

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

Name Jodi Arndt

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

President  
(If other title, see  
instructions)

Title CEO

14. Signed

Title President

Treasurer  
(If other title, see  
instructions)

On 1/8/2014

Date

918-455-9995

Telephone Number

On 1/8/2014

Date

918-455-9995

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. \$3,000 per day per consultant plus 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:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 11/18/13

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Gerald O'Brien

Organization

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

Street 23 Summit Heights

City North Oaks

State MN ZIP Code + 4 55127

Additional Name and address through whom performed, if any:

Name Rebecca Smith

Organization Taltos Consulting Inc

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

Street 1474 Lodgepole Drive

City Henderson

State NV ZIP Code + 4 89014

12.a. Identify subject groups of employees:

Production and maintenance employees, including quality assurance

12.b. Identify subject labor organizations:

Plumbers & Pipe Fitters

<b>Specific Activities to be Performed (Continuation Page)</b>	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.	
11.b. Period during which performed:	11.c. Extent performed:
11.d. Name and address through whom performed: Name Patrick O'Mara Organization OMara & Associates LLC P.O. Box, Bldg., Room No., if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	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
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	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: Production and maintenance employees, including quality assurance.	12.b. Identify subject labor organizations: Plumbers & Pipe Fitters