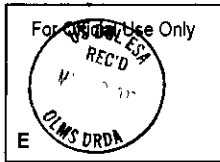


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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.

1. File Number: C- 363

325160

Person Filing

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

Name William P. Wheeler

Title Labor Relations Consultant

Organization

P.O. Box, Bldg., Room No., if any Suite 1509

Street 1620 East Broad Street

City Columbus

State Ohio ZIP Code + 4 43203

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

Name William P. Wheeler

Title Labor Relations Consultant

Organization Midwest Management Consultants, Inc.

P.O. Box, Bldg., Room No., if any Suite 620

Street 425 Metro Place North

City Dublin

State Ohio ZIP Code + 4 43017

4. Date fiscal year ends:

12 / 07

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 Two Harbors Ford Mercury Polaris

Organization

Trade Name, if any

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

Street 893 Scenic Drive

City Two Harbors

State MN ZIP Code + 4 55616

7. Date entered into:

02 / 27 / 07

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

Name Keith McKinzie, General Manager

Name

Name


Name

Name

Signatures

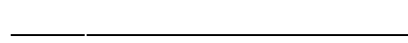
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed


President
(If other title, see instructions)

Title President

14. Signed


Treasurer
(If other title, see instructions)

Title Treasurer

On 03/12/07

Date

614-252-2524

Telephone Number

On

Date

Telephone Number

Filer: William P. Wheeler

File Number C-363

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 client (Two Harbors Ford) in campaign against becoming a union shop. Agreement is for no specific time, has never been reduced to writing and may be terminated by either party at any time. All consultations billed at \$175.00 per hour including travel time and all expenses incurred from Columbus, Ohio to Two Harbors Minnesota.

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 both employees and management for purposes of answering questions concerning rights afforded under the NLRA during union organizational campaign.

11.b. Period during which performed:

February 27, 2007 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Keith McKinzie, General Manager
Organization Two Harbors Ford Mercury Polaris
P.O. Box, Bldg., Room No., if any
Street 893 Scenic Drive
City Two Harbors
State MN ZIP Code + 4 55616

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:

All full and part-time auto, Polaris, reconditioning technicians, parts employees and service advisors

12.b. Identify subject labor organizations:

Teamsters Union Local No. 346