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U.S. Department of Labor Office of Labor Management September 1997 Washington, DC 20070

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 03-31-2019

· /	gement Reporting and Disclosure Act of 1959, as amended. (LMRDA)
1. File Number: C. 67769	LET BEFORE PREFAMING THIS REPORT.
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Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Johan ; Pena	Name :
Title Owner	Title
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 14173 SW 158th Court	Street ;
City Miami	City :
State Florida ZIP Code + 4 33196	State ZIP Code + 4
Date fiscal year ends: 5. Type of person:	
Dec / 31 a X Individual b. Partnership	c. Corporation d. Other (Specify):
Nature of Agreement or Arrangement	
Full name and address of employer with whom made (include ZIP Code): Name	7. Date entered into: 9 / 26 / 2014
Organization Ashley Furniture Industries, inc	8. Name of person(s) through whom made:
	Name Greg Kammer
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	Name:
Street One Ashley Way	Name
City Arcadia	Name '
State California ZIP Code + 4 54612	Name .
Signa	atures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in an accompanying documents) has been examined true, correct, and complete See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including t by the signatory and is, to the best of the undersigned's knowledge and belief,
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see
Title Sole Proprietor instructions)	Title instructions)
On S 2 1 7	

Filer:	File Number C- 6 7759	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
a. X 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 terms made through LRI Consulting Services to communicate directly with employees regarding their rights under NLRA.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity: Engage employees regarding exercising their rights to organize and bargain collectively.		
11.b. Period during which performed: Various days beginning 77-36-14	11.c. Extent performed: Fully	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Phil Wilson	Name	
Organization LRI Consulting Services Inc	Organization ,	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 7850 W Elm Place, Suite E	Street:	
City Broken Arrow	City	
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Various employees	Pre-petition	
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Filer: