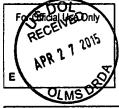
O.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

AGREEMENT AND ACTIVITIES REPORT

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OLMS	
1. File Number: C- 10	
Person Filing	
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Scott Michel	Name
Title	Title
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 819 Herman Rd	Street
City Horsham	City
State Pennsylvania ZIP Code + 4 19044	State ZiP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 15 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):	7. Date entered into: 2 / 26 / 2015
Name	
Organization	8. Name of person(s) through whom made:
Trade Name, if any Pierce Refrigeration Inc.	Name Ron Zona
P.O. Box, Bldg., Room No., if any	Name
Street 439 Center St.	Name
City West Bridgewater	Name
State Massachusetts ZIP Code + 4 02379	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	14. Signed Treasurer (If other title, see
Title instructions)	Title d instructions)
o- 4/23/15 215 359 7155	
On Date Telephone Number	On Date Telephone Number

riner. Scott Millian	FIRE MULLIDEI C
A. C.	<u>, </u>
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.	
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 provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses.	
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Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructi	ons):
a. Nature of activity: To provide consultation and to give speeches o employees regarding their right to organize and bargain collectively.	
11.b. Period during which performed:	11.c. Extent performed:
various days beginning 3/3/15	Fully
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI Consulting Services	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S. Elm Place Suite E	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 7401	State ZIP Code + 4
12.a. Identify subject groups of employees: HVAC mechanics and techs	12.b. Identify subject labor organizations: Plumbers & Pipefitters
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