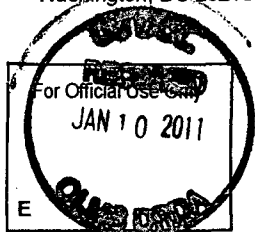


AGREEMENT AND ACTIVITIES REPORT



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

441391

1. File Number: C- 711

Person Filing

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

Name _____
Title _____
Organization Jowske Consulting Services, LLC
P.O. Box, Bldg., Room No., if any _____
Street 4435 Cornwell Lane
City Whitmore Lake
State Michigan ZIP Code + 4 48189

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:

12 / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Dave Kingen
Organization Our House -- KSMS
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 3695 Airport Drive
City Indianapolis
State Indiana ZIP Code + 4 46254

7. Date entered into:

11 / 09 / 2010

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

Name _____
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
Title Sole Proprietor

President
(If other title, see
instructions)

14. Signed _____
Title _____

Treasurer
(If other title, see
instructions)

On 12/20/2010 734 478 5155
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.):

Verbal agreement to provide consultation and to give speeches to employees about exercising their rights to organize and bargain collectively. Terms are \$750.00 a day plus expenses.

Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and to give speeches to employees about exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

11/11 -- 12/08/2010

11.c. Extent performed:

fully performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services Inc.

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

Street 7850 S Elm Place, Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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:

RIDES ; HEALTHCARE WORKERS

12.b. Identify subject labor organizations:

International Association of Machinists and Aerospace Workers