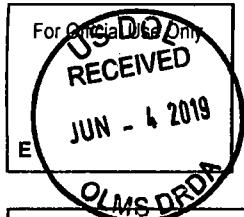


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

705438

Additional Consultant

1. File Number: C- 00525

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Phillip B Wilson
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:	5. Type of person:
Dec / 31	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	
Organization	CAE Oxford Aviation Academy
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	5010 E Falcon Drive, Suite 201
City	Mesa
State	AZ
ZIP Code + 4	85215
7. Date entered into: 11 / 15 / 2018	
8. Name of person(s) through whom made:	
Name	Dominiek D Roo
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 and activities) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete in accordance with the instructions in the instructions.)			
13. Signed		14. Signed	
Title	CEO	Title	President
On	5/29/2019	On	5/29/2019
Date		Date	
Telephone Number	918-455-9995	Telephone Number	918-455-9995

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.):

~~See Attached~~

previously submitted

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 11/19/18

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Eric Vanetti

Organization OMara & Associates LLC

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

Street 9278 S Harl Ave

City Tempe

State AZ ZIP Code + 4 85284

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:

various employees

12.b. Identify subject labor organizations:

pre-petition