U.S. Department of Labor ... Office of Labor-Management Standards

FORM LIP-20

File Permisers

Form approved Office of Management and Budget

Washington, DC 20210 has to average after the are ob

No. 1245-0003 Expires 10-31-2013



mThis report is manufactory under P.L. 83-257, as amended. Failure to comply may result in original prosecution, finds, or civil and the individuals are provided by 29 U.S.C., 459 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)

80,4363 C of copies on a little of the state of the st READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. E 1. File Number: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name E Cannon Kenneth Title Title Owner, Cannon Labor Relations Cons Organization Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any 10.70.00 Street 2207 Ballantrae Dr Street relation that are 0916 13010 ा हो भागभाक्ष ना ज City Colleyville City 30-23-15 ZIP Code + 4 76034 State ZIP Code + 4 State Texas 4. Date fiscal year ends: Type of person: gradomos. (suc. a. X Individuel D. Partnership 4 Dec Corporation Other (Specify): 1 0176120 Nature of Agreement and responses to e. Whee come is 1:12 6. Full name and address of employer with whom made (in sure ZIP Code): Peluso Name Mike 8. Name of person(s) through whom made: Organization PiberMark Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Water State of the Name Street 15 Bridge St. City Brownville Name State New York ZIP Code + 4 13615 Name Signatures Each of the understained declares, under penalty of perjuly, and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any eccompanying documents) has been examined by the signatory and is, to the best of the understained's knowledge and belief, true, correct, and contained in the penalties in the instructions.) President 13. Signed. 14. Signed . Treasurer.... (Mother title, see instructions) (If other title, see Corporation of Cther (Specify): instructions) Sole Proprietor Treasurer - Title Con Title 5/5 6 156 + 4 10 1 19 346 5tb CC 18 →

On

Date

Magnathree L

On 03/03/2011

972-670-6159

Telephone Number

Telephone Number

Filer. Kenneth Cannon	File Number C
s in apparation to the driver	10.23
9. Check the appropriate box to indicate whether an object of the activities unde	MAY SERVER ENTS REPORT
a. To persuade employees to exercise or not to exercise, or persuade e collectively through representatives of their own choosing.	
b. To supply an employer with information concerning the activities of en such employer, except information for use solely in conjunction with	mployees or a labor organization in connection with a labor dispute involving an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
₹3 : (188 - N - 1 J)	
10. Terms and conditions (Explain in detail; see instructions. Written agreement	s must be attached.):
Train management on TIPS' Communicate to employees their rights under the NL Write speeches and presentations for Acting Genera meetings. Prepare management and employees on the election p	1 Manager to deliver to employees during weekly
Specific Activities to be Performed	
For each activity, separately list in detail the information required (See instru	rtiane)
a. Nature of activity:	SSO(15).
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Control of the Arman Addition to the Section	
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A Committee Comm	1, di
11.b. Period during which performed:	11.c. Extent performed:
2/14/2011 3/18/2011	Near completion
	Additional Name and address through whom perfermed, if any:
11.d. Name and address through whom performed: The proof partial regions pathons for the strategy of performed to the strategy of Name The proof of the proof of the strategy of the strateg	They is insugnation with installed a sport to the Name of the specific of accounting to the set of
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., If any
Street	Street
City of Control Opening St.	City
State ZIP Code + 4	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Maintenance, Machine operations, shipping and receiving, testers.	