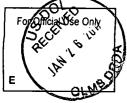
U.S. Department of Labor Office of Labor-Management , 分配的dards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



Additional Information

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)

53182S

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00525			
Person Filing			
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:		
Name	Name		
Title	Title		
Organization LRI Consulting Services, Inc.	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 7850 South Elm Place, Suite E	Street		
City Broken Arrow	City		
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Dec / 31 a. Individual b. Pa	artnership c. Corporation d. Other (Specify):		
Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP C			
Name	4 / 11 / 2016		
Organization Fuyao Glass America Inc	Name of person(s) through whom made:		
Trade Name, if any	Name John Gauthier		
P.O. Box, Bldg., Room No., if any	Name		
Street 2801 West Stroop Road	Name ·		
City Moraine	Name		
<b>State</b> OH <b>ZIP Code + 4</b> 45439	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 of penalties in the instructions.)			
13. Signed President (If other til	le, see (If other title, see		
Title CEO instruction	Title President instructions)		
On 5/4/2016 918-455-9995	On 5/4/2016 918-455-9995		
Date Telephone Number	Date Telephone Number		

Filer: LRI Consulting Services, Inc.	File Number C- 00525		
4) 1/6		,	
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.):			
Additional/Different consultants requested under a previous agreement. Verbal agreement. \$2700 per day per consultant plus reasonable travel expenses. See LM 20 submitted May 2016 for additional information regarding this same agreement.			
•			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instruction	ins):		
a. Nature of activity:			
Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.			
•		-	
	·		
11.b. Period during which performed:	11.c. Extent performed:		
various days beginning 4/13/16	Fully Performed		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if ar		
Name Katie Lev	Name William Herrera	*	
Organization ERL Consulting	Organization Santana International Inc		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 21 Pleasant Street	Street 9427 Reston Grove Lane		
City Hudson	City Houston		
State MA ZIP Code + 4 01749	State TX ZIP Code + 4	77095	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	<del></del>	
various employees	pre-petition		
·			