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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



1. File Number:

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.

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name James H Strong	Name
Title President (Retired)	Title
Organization Labor Crisis, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 4105 Rolling Knolls	Street
City Parker	City
State Texas ZIP Code + 4 75002	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 9 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: 4 / 10 / 2008
Name Phillip B Wilson	
Organization Labor Relations Institute	8. Name of person(s) through whom made:
Trade Name, if any	Name James Teague
P.O. Box, Bldg., Room No., if any	Name
Street 7850 South Elm Place, Suite E	Name
City Broken Arrow	Name
State Oklahoma ZIP Code + 4 74011	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 President instructions)	Title Treasurer instructions)
On 7/8/2010 214-547-8993	
On 7/8/2010 214-547-8993 Date Telephone Number	On Date Telephone Number

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Figs. James Strong Labor Crisis, Inc.	File Number C-	
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 employer collectively through representatives of their own choosing.	es as to the manner of exercising, the right to organize and bargain	
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	pe attached.):	
No direct agreement or arrangement was entered into wit Labor Relations Institute.	h the employer. Acted solely as an agent for	
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
 Sales presentation to client regarding information s Presented films provided by LRI to employees and ans 		

11.c. Extent performed:

Name

Street

City

State

Organization

Completed

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

12.b. Identify subject labor organizations:

United Steelworkers

Additional Name and address through whom performed, if any:

ZIP Code + 4

11.b. Period during which performed:

Name Bill

Street 401 Loop 59

City Atlanta

State Texas

10 April 2008 to 24 April 2008

Smith

ZIP Code + 4 75551

11.d. Name and address through whom performed:

P.O. Box, Bldg., Room No., if any PO Box 1127

All production and maintenance employees

Organization Novatron Corporation

12.a. Identify subject groups of employees: