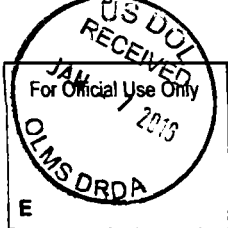


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

602674

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C-

6067210

Person Filing

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

Name Carlos Flores

Title President/Owner

Organization C&C Consultant

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

Street 30000 Avenida Cima Del Sol

City Temecula

State California

☒ ZIP Code + 4 92591

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:

Dec ☒ / 15

5. Type of person:

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):

Name Greg Kammer

Organization Ashley Furniture Industries Inc.

Trade Name, if any

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

Street 1601 Ashley Way

City Colton

State California

☒ ZIP Code + 4 92324

7. Date entered into:

9 / 14 / 2015

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

Name Austin Clary

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

Carlos Flores

President
(If other title, see
instructions)

Title President

14. Signed

Carlos Flores

Treasurer
(If other title, see
instructions)

Title Treasurer

On 12/21/2015 909-772-5317

Date

Telephone Number

On 12/21/2015 909-772-5317

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 with LRI Consulting Services, \$1,500 per day plus reasonable travel expenses.

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 right to organize and bargain collectively.

11.b. Period during which performed:

9/21/2015

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name Austin Clary

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:

Workers employed with respect to Furniture manufacturing including but not limited to manufacturing.

12.b. Identify subject labor organizations:

Carpenters and Joiners