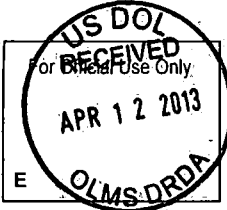


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

526621

1. File Number: C- 746

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>RONALD T. PFEIFER</u> Title <u>CONSULTANT</u> Organization <u>LABOR RELATIONS INSTITUTE</u> P.O. Box, Bldg., Room No., if any Street <u>1890 SOUTH ELM PL, SUITE E</u> City <u>BROKEN ARROW</u> State <u>OKLAHOMA</u> ZIP Code + 4 <u>74011</u>	3. Any other address where records necessary to verify this report are kept: Name <u>RONALD T. PFEIFER</u> Title Organization P.O. Box, Bldg., Room No., if any Street <u>1515 15th Ave NW</u> City <u>Green Bay</u> State <u>WIS</u> ZIP Code + 4 <u>54313-0759</u>
4. Date fiscal year ends: <u>DEC 1 2013</u>	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 <u>U-M STAR</u> Organization Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>266 MARTIN LUTHER KING BLVD</u> City <u>YOUNGSTOWN</u> State <u>OHIO</u> ZIP Code + 4 <u>44510-1033</u>	7. Date entered into: <u>11/17/2012</u> 8. Name of person(s) through whom made: Name <u>TRINA RAUSCHER-COOPER</u> 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 [Signature] President
Title President
On 4/5/2013 Date
(920) 619 0077 Telephone Number

14. Signed _____ Treasurer
Title Treasurer
On _____ Date

Telephone Number

Filer:	File Number C-
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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.):

I WAS RETAINED THROUGH THE LABOR RELATIONS INSTITUTE TO ADDRESS GROUPS OF EMPLOYEES ABOUT THE NATIONAL LABOR RELATIONS ACT. I DID NOT HAVE A WRITTEN CONTRACT TO DO SO.

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p><i>I SPOKE TO GROUPS OF EMPLOYEES IN A PRE-PETITION CONTEXT ABOUT THE NATIONAL LABOR RELATIONS ACT, NOT FOCUSED ON A PARTICULAR UNION. EACH SESSION LASTED APPROXIMATELY ONE HOUR.</i></p>	
<p>11.b. Period during which performed:</p> <p><i>FEB. 14 + 15, 19 + 20, 2013</i></p>	<p>11.c. Extent performed:</p>
<p>11.d. Name and address through whom performed:</p> <p>Name <i>PHIL WILSON</i></p> <p>Organization <i>LABOR RELATIONS INSTITUTE</i></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>1850 SOUTH ELM PL, SUITE</i></p> <p>City <i>BROKEN ARROW</i></p> <p>State <i>OKLAHOMA</i> ZIP Code + 4 <i>74011</i></p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p><i>GROUPS OF PRODUCTION & MAINTENANCE EMPLOYEES, APPROXIMATELY TEN PER GROUP.</i></p>	<p>12.b. Identify subject labor organizations:</p> <p><i>NONE SPECIFIED</i></p>