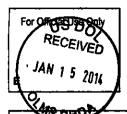
Office of Labor-Management

Standards

Washington, DC 20210

AGREEMENT AND ACTIVITIES REPORT

Office of Management and Budget No. 1245-0003 Expires 08-31-2016



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This report is mandatory under P.L. 88-257, 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 Filling 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Scott Michel Name Name Title Title Organization Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 819 herman rd. Street City Horsham City ZIP Code + 4 19044 State Pennsylvania ZIP Code + 4 State 5. Type of person: Date fiscal year ends: Dec Other (Specify): Individual b. Partnership Corporation Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 2013 12 Name 8. Name of person(s) through whom made: Organization Vallourec Star Name Trina Cooper Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 2669 Martin Luther King Jr Blvd Name Youngstown Name 44510 ZIP Code + 4 State Ohio 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 14. Signed Treasurer (If other title, see (If other title, see instructions) Instructions) Title 1/9/14 215/359/7155 Telephone Number Date Telephone Number Date

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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.): verbal agreement to provide consultation and to give speeches to employees about their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: to provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.	
11.b. Period during which performed: various days beginning 12/11/13	11.c. Extent performed: fully
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI Consulting Service Inc	Organization
P.O. Box, Bldg., Room No., if any PO Box 1529	P.O. Box, Bldg., Room No., if any
Street 7850 S Elm Place Suite E	Street
- 1 -	
	City
State Oklahoma ZiP Code + 4 74013	State ZiP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Mill workers	United Electrical Workers