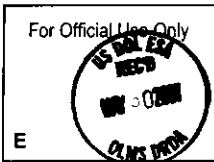


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009



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.

1. File Number: C- 00525

326815

Person Filing	
2. Name and mailing address (include ZIP Code):	3. 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	Street
City Broken Arrow	City
State Oklahoma	State
ZIP Code + 4 74011	ZIP Code + 4
4. Date fiscal year ends:	5. Type of person:
Dec / 31	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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):	7. Date entered into:
Name	4 / 19 / 2007
Organization AMY Mohawk Transfer	8. Name of person(s) through whom made:
Trade Name, if any	Name Tammy Nystrand
P.O. Box, Bldg., Room No., if any	Name
Street 426 Sand Shore road, Suite 4	Name
City Hackettstown	Name
State New Jersey	Name
ZIP Code + 4 07840	

### 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		14. Signed	
Title	President	Title	Treasurer
On	4/18/2007	On	4/18/2007
Date	918-455-9995	Date	918-455-9995
	Telephone Number		Telephone Number

Filer: LRI Consulting Services, Inc.

File Number C- 00525

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.):

Oral agreement to provide consultation, to give speeches to employees about exercising their right to organize and bargain collectively. Duration of 3 days.

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

4/20/07, 4/23/07, 4/27/07

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name Peter Quist

Organization Grubb Quist & Associates, LLC

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

Street 12 South Main Street

City Waterbury

State Vermont ZIP Code + 4 05676

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:

Drivers, Warehouse, Helpers and Riggers

12.b. Identify subject labor organizations:

Teamsters