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AGREEMENT AND ACTIVITIES REPORT

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecuing penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultant and Organizations. Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REP

Name Title Organization LRI Consulting Services, Inc Organization P.O. Box, Bidg., Room No., if any Street 7850 South Elm Place City Broken Arrow State City Broken Arrow State ZIP Code + 4 74011 State ZIP Code + 4 Date fiscal year ends: 31 State Jindividual by Partnership c City Corporation d Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Organization Petermann LLC Trade Name, if any P.O. Box, Bidg., Room No., if any 8041 Hobrook Road, Ste 330 Street City Cincinnati State ZIP Code + 4 Signatures Each of the undersigned declares, undexpensity of perjury and other applicable penalties of low, that all of the information submitted in this report (include Lip Code): Name Name Name Name Name Name Name Name	File Number: C- 00525	36/862	
Name Title Organization LRI Consulting Services, Inc P.O. Box, Bldg., Room No., if any Street 7850 South Blm Place City Broken Arrow State ZIP Code + 4 74011 State ZIP Cod	Person Filing		
Title Organization LRI Consulting Services, Inc Organization P.O. Box, Bidg, Room No., if any Street 7850 South Elm Place City Broken Arrow State ZIP Code + 4 74011 State State ZIP Code + 4 74011 State ZIP Code + 4 74011 State State State State ZIP Code + 4 74011 State State State State State ZIP Code + 4 74011 State	2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept
Organization LRI Consulting Services, Inc P.O. Box, Bidg., Room No., if any Street 7850 South Elm Place City Broken Arrow State ZIP Code + 4 74011 State ZIP Code + 4 74011 State Jal Individual bl Partnership cl Corporation of Other (Specify): Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP Code): Name Organization Petermann LLC Trade Name, if any P.O. Box, Bidg., Room No., if any 8041 Hobrook Road, Ste 330 Street City Cincinnati State ZIP Code + 4 45236 Name Signatures Signatures 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 (incline information contained in fin) alcompanying documents) has been examined by the signatory and is, to the undersigned's knowledge at true, correctly or Right Trade Name Title President Title Title Treasurer Title Treasurer Als Signed Treasurer Title Treasurer Als Signed Treasurer Title Treasurer	Name		Name
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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 Organization Petermann LLC Trade Name, if any P.O. Box, Bldg., Room No., if any 8041 Hobrook Road, Ste 330 Street City Cincinnati State Off ZIP Code + 4 45236 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 (incline information contained and start all of the undersigned's knowledge at true, correctNot Ready To Sign 13. Signed Title President Title President Title Treasurer	ity Broken Arrow		City
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S. Full name and address of employer with whom made (include ZIP Code): Name	31	a. Individual b. Partnershi	p c.XCOrporation d. Other (Specify):
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 (inche information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge at rue, corrected Ready To Sign 13. Signed President President Ittle President Title Treasurer Title Treasurer Title Treasurer Title Treasurer Title Treasurer	Trade Name, if any		Name Lisa Forsthoefel
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 (include information contained in any alternation declares) has been examined by the signatory and is, to the dept of the undersigned's knowledge at true, correctivot Ready To sign Signed President (If other title, see instructions) Title President Title Treasurer Title Treasurer Title Treasurer			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 (include information contained in any a companying documents) has been examined by the signatory and is, to the peat of the undersigned's knowledge and the information contained in any a companying documents) has been examined by the signatory and is, to the peat of the undersigned's knowledge and the information contained in this report (include in this report (include in the information submitted in this report (include in the information submitted in this report (include in this report (include in this report (include in the information submitted in this report (include in this report (include in the information submitted in the information submitted in this report (include in the information submitted i	•		Name
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the information contained is any a companying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge at rue, correctnot Ready To Sign 13. Signed President (If other title, see instructions) Title President Title Treasurer 14. Signed Treasurer Title Treasurer 15. 8 / 2008 918. 455. 9995		Sig	natures
5/8/2009 010 455 0005	he information contained in any acrue, correctly to signed. 13. Signed	companying documents) has been examin structions.) President (If other title, see	14. Signed Treasurer (If other title, instructions)
etel On 5/8/2008 918-455-9995 On 5/8/2008 918-455-9995	- F/B/3000	918-455-9995	On 5/8/2008 918-455-9995

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iler: Il Corpultin Seurcos	Inc File Number C- 00525
Check the appropriate box to indicate whether an object of the activities.	ies undertaken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	suade employees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activit such employer, except information for use solely in conjunction	ties of employees or a labor organization in connection with a labor dispute involving on with an administrative or arbitral proceeding or a criminal or civil judicial proceed
10. Terms and conditions (Explain in detail; see instructions. Written agr Agreement to provide consultation, to give spe organize and bargain collectively.	reements must be attached.): eeches to employees about exercising their right to
On a Mile Andrews Andr	
Specific Activities to be Performed 11. For each activity, separately list in detail the information required (Se	
collectively.	
11.b. Period during which performed: various days 2/25/08 - 3/20/08	11.c. Extent performed: Fully performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Rebecca Smith	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bid(-, Room No., if any
Street 4836 Castle Lake CT	Street
City Las Vegas	City
State	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Bus Drivers, Substitutes, Monitors and Mechanic	cs Teamsters