

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



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.

543515

1. File Number: C-65862

Person Filing

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

Name

Title

Organization International Labor Relations

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

Street 8086 South Yale Avenue Suite 225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

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 / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer, with whom made (include ZIP Code):

Name

Organization Milestone Inc.

Trade Name, if any

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

Street 4060 McFarland Road

City Rockford

State Illinois

ZIP Code + 4 61111

7. Date entered into:

9 / 16 / 2013

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

Name Shawn

Way

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

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 10/15/2013 800-555-7509

Date Telephone Number

On 10/15/2013 800-555-7509

Date Telephone Number

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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.):

See attached agreement

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 with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.	
11.b. Period during which performed: Beginning on or about 09/17/2013	11.c. Extent performed: Completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name Joseph Mieluchowski
Organization Pinnacle Labor Relations	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 1557 Countrywood Lane	Street 47 East Jonathan Ct.
City Escalon	City Kennett Square
State California ZIP Code +4 95320	State Pennsylvania ZIP Code +4 19348
12.a. Identify subject groups of employees: All employees eligible to vote in the bargaining unit	12.b. Identify subject labor organizations: AFSCME Council 31, AFL-CIO

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Specific Activities to be Performed. (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.</p>	
<p>11.b. Period during which performed:</p> <p>Beginning on or about 09/17/2013</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name</p> <p>Organization Clegg & Associates Management Group</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 25889 152nd Street</p> <p>City Surrey, BC, CA V3S0A4</p> <p>State ZIP Code +4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Christian Blaine Teague</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8086 South Yale Avenue</p> <p>City Tulsa</p> <p>State Oklahoma ZIP Code + 4 74136</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name Jim Teague</p> <p>Organization International Labor Relations</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8086 South Yale Avenue Suite 225</p> <p>City Tulsa</p> <p>State Oklahoma ZIP Code +4 74136</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 ZIP Code +4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees eligible to vote in the bargaining unit.</p>	<p>12.b. Identify subject labor organizations:</p> <p>AFSCME Council 31; AFL-CIO</p>