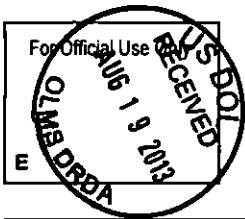


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

533 320

1. File Number: C- 65469

Person Filing

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

Name Gregg Newstrand
Title President
Organization Newstrand Associates, Inc.
P.O. Box, Bldg., Room No., if any PO Box 897
Street
City Union, KY
State Kentucky ZIP Code + 4 41091

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):

Nature of Agreement or Arrangement

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

Name Bill O'Dell
Organization JELD-WEN, Grinnell-D
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 820 Industrial AV
City Grinnell
State Iowa ZIP Code + 4 50112

7. Date entered into:

7 / 22 / 2013

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

Name Cruz & Associates
Name PO Box 1831
Name Upland, CA 91785
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
(If other title, see instructions)
Title President

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 8/14/2013 859/ 918-5118
Date Telephone Number

On _____
Date Telephone Number

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.):

Employed on an hourly basis plus expenses are reimbursed.
There is no formal written agreement, so none is included.

Specific Activities to be Performed

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

a. Nature of activity:

Hold meetings with employees and explain their Section 7 rights and answer questions.

11.b. Period during which performed:

July, 2013

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Gregg Newstrand
Organization Newstrand Associates, Inc.
P.O. Box, Bldg., Room No., if any PO Box 897
Street
City Union
State Kentucky ZIP Code + 4

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:

Production, Maintenance & Clerical Workers

12.b. Identify subject labor organizations:

IAM