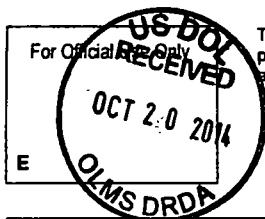


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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- 691

572924

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code): Name <u>Carina Hunt</u> Title <u>President</u> Organization <u>C Hunt Management Consulting Inc.</u> P.O. Box, Bldg., Room No., if any Street <u>821 E Dore Loop Rd #125</u> City <u>Grapevine TX</u> State <u>Texas</u> ZIP Code + 4 <u>76051</u>	3. Any other address where records necessary to verify this report are kept: Name <u>Phillip Wilson</u> Title <u>President</u> Organization <u>Labor Relations Institute</u> P.O. Box, Bldg., Room No., if any Street <u>7850 S. Elm Place Ste E</u> City <u>Broken Arrow</u> State <u>OK</u> ZIP Code + 4 <u>74011</u>
4. Date fiscal year ends: <u>12/31/14</u>	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code): Name <u>Steven Jurek</u> Organization <u>GNP Company</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>4150 Second Street So, Ste 200</u> City <u>St. Cloud</u> State <u>MN</u> ZIP Code + 4 <u>56301</u>	7. Date entered into: <u>8/1/14</u> 8. Name of person(s) through whom made: Name 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 <u>[Signature]</u> Title <u>President</u>	President (If other title, see instructions)	14. Signed _____ Title <u>Treasurer</u>	Treasurer (If other title, see instructions)
On <u>10/10/14</u> Date	<u>714.3104080</u> Telephone Number	On _____ Date	_____ Telephone Number

Filer:

File Number C-

691

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

**Specific Activities to be Performed**

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

a. Nature of activity:

Provide education to employees regarding their Section 7 rights under the national Labor Relations Act.

11.b. Period during which performed:

Various days beginning 8/11/14

11.c. Extent performed:

Completed.

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

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:

Various employees

12.b. Identify subject labor organizations:

Pre-petition.