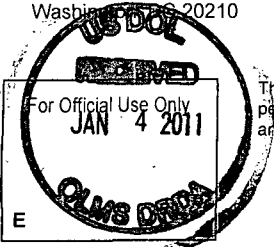


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

1441015

1. File Number: C-26-19-1561
C-687

Person Filing	
2. Name and mailing address (include ZIP Code): Name Claire L McChristy Title President Organization The Employee Consulting Group P.O. Box, Bldg., Room No., if any Street 597 Bowen Estates Rd City Russellville State Arkansas ZIP Code + 4 72802	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 / 10	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):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Labor Relations Institute, Inc Trade Name, if any P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74013	7. Date entered into: 11 / 15 / 2010 8. Name of person(s) through whom made: Name Don Wilson 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 A. McChristy
Title President

President
(If other title, see instructions)

14. Signed _____
Title Treasurer

Treasurer
(If other title, see instructions)

On 12/20/2010 479-280-087
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.):

Specific Activities to be Performed

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

a. Nature of activity:

Conduct employee meetings

11.b. Period during which performed:

12/1/2010

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Marie Campanoli

Organization Skookm Fleet Management

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

Street 2600 Burwell Street

City Bremerton

State Washington ZIP Code + 4 98312

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:

Unit not specified on petition

12.b. Identify subject labor organizations:

Machinists & Aerospace Workers