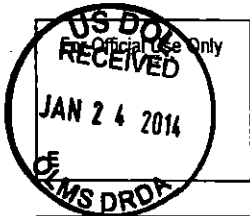


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

539990

1. File Number: c-691

Person Filing	
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>701 Love Henry Ct</u> City <u>Southlake</u> State <u>TX</u> ZIP Code + 4 <u>76092</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</u> City <u>Broken Arrow</u> State <u>OK</u> ZIP Code + 4 <u>74011</u>
4. Date fiscal year ends: <u>12/31</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):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name <u>Trina Cooper</u> Organization <u>Vallourec Star</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>2669 Martin Luther King Jr Blvd</u> City <u>Youngstown</u> State <u>OH</u> ZIP Code + 4 <u>44510</u>	7. Date entered into: <u>12/9/13</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 [Signature] President
Title President

14. Signed _____ Treasurer
Title Treasurer

On 1/9/14 714304080
Date Telephone Number

On _____
Date Telephone Number

Filer:	File Number C-
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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.):

Provide employee education regarding their section 7 rights under the national labor relations act.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Educational sessions regarding their employee section 7 rights under the national labor relations act.	
11.b. Period during which performed: Various days beginning 12/17/13	11.c. Extent performed: ongoing
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: Production and Maintenance Employee	12.b. Identify subject labor organizations: Electrical, Radio + Machine Workers