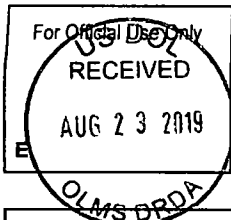


FORM LM-20

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. 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.

708408

1. File Number: C-68662

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	David Sapenoff
Title	Individual
Organization	Sapenoff Consulting
P.O. Box, Bldg., Room No., if any	
Street	8929 West 161st St
City	Overland Park
State	Kansas ZIP Code + 4 66085
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. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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	Freedman Seating Company
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	4545 W. Augusta Boulevard
City	Chicago
State	IL ZIP Code + 4 60651
7. Date entered into:	
5 / 7 / 2019	
8. Name of person(s) through whom made:	
Name	Craig Freedman
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 David L. Sapenoff
Title Individual

President
(If other title, see
instructions)

14. Signed _____
Title _____

Treasurer
(If other title, see
instructions)

On 8/12/2019
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.):

Verbal agreement made through LRI Consulting Services, Inc. \$1,500 per day plus reasonable travel expenses.

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 to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 5/9/19

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Phillip B Wilson

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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