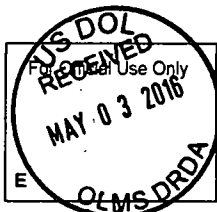


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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)

6/9/09

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

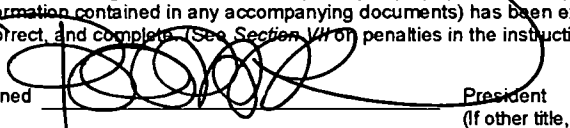
1. File Number: C- 66940

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Richard B Farr	3. Any other address where records necessary to verify this report are kept:
Title Senior Consultant	Name
Organization Best Consultants by Farr, LLC	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 646 North Stark Hwy	P.O. Box, Bldg., Room No., if any
City Weare	Street
State New Hampshire	City
ZIP Code + 4 03281	State
ZIP Code + 4	ZIP Code + 4
4. Date fiscal year ends:	
Dec / 31	
5. Type of person:	
a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	
Organization Vail Resorts Management Company	
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street 390 Interlocken Crescent	
City Broomfield	
State Colorado	
ZIP Code + 4 80021	
7. Date entered into: 3 / 1 / 2016	
8. Name of person(s) through whom made:	
Name Mark Gasta	
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 	14. Signed _____	Treasurer (If other title, see instructions)
Title Other (Specify) _____	Title Treasurer _____	
LLC		
On 4/20/2016	On _____	
Date	Date	
262-490-1682	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 with LRI Consulting Services Inc for \$1500 per day for consulting services.

#### 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:

8 days during 3/11-20, 2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services, Inc

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

Street 7850 South Elm Place

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:

Ski Instructors

12.b. Identify subject labor organizations:

Communications Workers of America (CWA)