U.S. Bepartment of Labor Office of Labor-Management Standards Washington, DC 20210

## 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.

660176

1. File Number: <b>c-</b> 67699		
Person Filing		
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:	
Name Mark A Lema	Name	
Title Founder & CEO	Title	
Organization LAAHR CORPORATION	Organization Lema & Associates	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street PO Box 385	Street PO Box 129	
City Hainesport	City Burlngton	
State New Jersey ZIP Code + 4 08036	State New Jersey ZIP Code + 4 08016	
Date fiscal year ends:     5. Type of person:		
Dec / 31 a. Individual b. Partnership c. Corporation d. Other (Specify):		
Nature of Agreement or Arrangement		
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:	
Name		
Organization Raymour & Flanigan Furniture	8. Name of person(s) through whom made:	
Trade Name, if any	Name Steve Goldberg	
P.O. Box, Bldg., Room No., if any	Name	
Street 7248 Morgan Road	Name	
City Liverpool	Name	
State New York ZIP Code + 4 13088	Name	
Signa	itures ·	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete (See Section VIII on penalties in the instructions.)  13. Signed  President (If other title, see instructions)	14. Signed  Treasurer (If other title, see instructions)	
Title President  On 01-15-12 609-3860-0944	Title Treasurer	
Date Telephone Number	On Date Telephone Number	
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Filer:	Mark Lema	LAAHR CORPORATION	File Number C- 67999	

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 Agreement included a fee per day and payment of reasonable expenses.

## Specific Activities to be Performed

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

Retained to conduct informational and educational meetings with employees and members of the management team regarding the procedures under the NLRB secret ballot election and their rights and duties under the NLRA.

11.b. Period during which performed:	11.c. Extent performed:
Various days starting on 04/16/17	Fully Performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Phillip B Wilson	Name .
Organization LRI Consulting Services Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S. Elm Place, Ste. E	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Dellvery drivers and Driver helpers	IBT Local 701
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