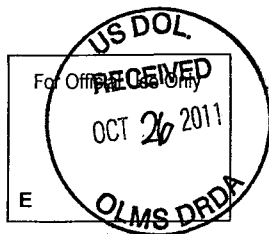


FORM LM-20

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.

468979

1. File Number: C- 742

Person Filing	
2. Name and mailing address (include ZIP Code): Name William D Leopardi Title Organization P.O. Box, Bldg., Room No., if any Street 28161 Haria City Mission Viejo State California ZIP Code + 4 92692-1430	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 Ginny Lemmon Organization Johnson Matthey Trade Name, if any P.O. Box, Bldg., Room No., if any Street 4601 West 2100 South City Salt Lake City State Utah ZIP Code + 4 84120	7. Date entered into: 9 / 20 / 2011 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 William D. Leopardi President
(If other title, see instructions)
Title Sole Proprietor

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On Oct 17, 2011 949-457-8087
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.):

Hourly paid, reasonable and customary expenses reimbursed.

Specific Activities to be Performed

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

a. Nature of activity:

Meet with employees to explain their rights under the NLRA prior to NLRB election.

11.b. Period during which performed:

Sep 20, 2011 to present

11.c. Extent performed:

On-going

11.d. Name and address through whom performed:

Name William D Leopardi

Organization

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

Street 28161 Haria

City Mission Viejo

State California

ZIP Code + 4 92692-1430

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

12.b. Identify subject labor organizations:

United Steelworkers