U.S. Department 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. (LMRIDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Person Filing 2. Name and mailling address (include ZIP Code): Name Byzon J Clay Title Organization Organiz	341967		
2. Name and mailing address (include ZIP Code): Name Byzon J Clay Title President Organization Byz Enterprises, Inc Organization Byz Enterprises, Inc Organization P.O. Box, Bidg., Room No., if any Street 10108 Pehlberg Court City Saint John Slate Indiana ZIP Code + 4 46373 State ZIP Code + 4 4. Date fiscal year ends: Dec / 31 Individual b Partnership c Corporation d Other (Specily): Name Trina Cooper Organization Vallouree Star Trade Name, if any Street 269 Martin Luther King Blvd City Youngstown Slate Ohio ZIP Code + 4 44510 Name Signatures Each of the undersigned dociares, under ponalty of portury and other applicable of the information submitted in this report (including) and the application of the information submitted in this report (including) three information contained in any accompanying documents) has been einstructions. President	1. File Number: c-703		
2. Name and mailing address (include ZIP Code): Name Byzon J Clay Title President Organization Byz Enterprises, Inc Organization Byz Enterprises, Inc Organization P.O. Box, Bidg, Room No., if any Street City Saint John State ZIP Code + 4 46373 State ZIP Code + 4 46373 State ZiP Code + 4 46373 State ZiP Code + 4 46373 State ZiP Code + 4 46373 A. Date fiscal year ends: Dec / 31 Individual b Pantnership c Corporation d Cithor (Spocily): Name Trina Cooper Organization Vallouree Star Trade Name, if any Street Organization Vallouree Star Trade Name, if any Street Organization Signatures Each of the undersigned doclaros, under ponalty of porty many of born ponalties in the information contained in any accompanying documents) has been applicable be instructions) Title President President			
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Title President Organization P.O. Box, Bidg., Room No., if any Street 10108 Fehlberg Court City Saint John Slate Indiana ZIP Code + 4 46373 Slate Z	Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:	
Organization BJC Enterprises, Inc P.O. Box, Bidg., Room No., if any Street 10108 Fehlberg Court City Saint John City Saint John City Saint John City Saint John State ZIP Code + 4 46373 State ZIP Code + 4 Date fiscal year ends: Dec / 31 a Individual b Partnership c C Corporation d Other (Specily): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Trina Cooper Organization Vallourec Star Trade Name, if any P.O. Box, Bidg., Room No., if any Street 2 Corporation d Other (Specily): 8. Name of person(s) through whom made: Name Name Name Name Street 2 Corporation d Other (Specily): 8. Name of person(s) through whom made: Name Name Name Street 2 Corporation d Other (Specily): 8. Name of person(s) through whom made: Name Name Street 2 Cooper 12 / 9 / 2013 8. Name of person(s) through whom made: Name Name Street 2 Cooper 1 2 / 9 / 2013 8. Name of person(s) through whom made: Name Street 2 Cooper 1 2 / 9 / 2013 8. Name of person(s) through whom made: Name Street 2 Cooper 1 2 / 9 / 2013 8. Name of person(s) through whom made: Name Street 2 Cooper 1 2 / 9 / 2013 8. Name of person(s) through whom made: Name Street 2 / 9 / 2013 8. Name of person(s) through whom made: Name Street 2 / 9 / 2013 8. Name of person(s) through whom made: Name Street 2 / 9 / 2013 8. Name of person(s) through whom made: Name Street 2 / 9 / 2013 8. Name of person(s) through whom made: Name Trade Name, if any 9 / 2013 8. Name of person(s) through whom made: Name Street 2 / 9 / 2013 8. Name of person(s) through whom made: Name Street 2 / 9 / 2013 8. Name of person(s) through whom made: Name Name 14. Signod Treasurer If other fille, see instructions) Treasurer If other fille, see instructions) Treasurer If other fille, see instructions)	Name Byron J Clay	Name	
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Street 10108 Pehlberg Court City Staint John State	Organization BJC Enterprises, Inc	Organization	
City Saint John State Indiana ZIP Code + 4 46373 State ZIP Code + 4 4. Date fiscal year ends: Dec	P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
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	On 2/15/2014 219-577-7420	On 2/15/2014 219-577-7420	

Filer: Byron Clay BJC Enterprises, Inc	File Number C-	
Check the appropriate box to indicate whether an object of the activities under	taken, 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.): No written agreement. I was engaged by LRI to perform for Vallourec as an Independent Consultant		
No written agreement. I was engaged by LRI to perf working for LRI, Inc.	orm for valloured as an independent Consultant	
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct	ions).	
a. Nature of activity:	ions).	
I held meetings to educate employees about all aspects of unionization so that they could make an		
informed decision on whether or not to join a union	1.	
11.b. Period during which performed:	11.c. Extent performed:	
Various days beginning 12/9/2013	Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Byron J Clay	Name	
Organization BJC Enterprises, Inc	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 10108 Fehlberg Court	Street	
City Saint John	City	
State Indiana ZIP Code + 4 46373	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations;	
Production and Maintenance employees	Electrical, Radio & Machine Workers	