Office of Labor-Management Standards Washington, DC 20210

AGREEMENT AND ACTIVITIES REPORT

Office of Management and Budget No. 1245-0003 Expires 08-31-2016



1. File Number:

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President (If other title, see instructions) President (If other title, see instructions)	Person Filing		
Title President Organization East Coast Labor Relations P.O. Box, Bidg., Room No., if any Street 151 Forge Rd City Delran State New Jersey ZIP Code + 4 08075 State ZIP Code + 4 08075 State ZIP Code + 4 Date fiscal year ends: Dec / 31 a Individual b. Partnership c. Corporation d. Cother (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Organization Van Rob, Inc Trade Name, if any P.O. Box, Bidg., Room No., if any Street 1021 Volunteer Pkwy City Manchester State Tennessee ZIP Code + 4 37355 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.) President President If other title, see instructions If assurer If content title, see instructions) If assurer If content title, see instructions instructions)	2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
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Date Telephone Number Date Telephone Number	On (-1 L/ /)	····	

- 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.): 187.50 per hour plus expenses

Specific Activities to be Performed

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

Give speeches to employees regarding their rights to organize and collectively bargain

11.b. Period during which performed: 3/25/2014	11.c. Extent performed: Fully performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization Labor Relations Institute	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S. Elm Place	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74013	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Production, welders, maintenance, shipping and receiving	Auto Workers