

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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)

620209

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C 710

Person Filing

2. Name and mailing address (include ZIP Code):

Name Scott Michel

Title

Organization

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

Street 819 Herman Rd

City Horsham

State Pennsylvania ZIP Code + 4 19044

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. ☒ 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):

Name

Organization Martin Transportation Systems

Trade Name, if any

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

Street 7300 Clyde Park Ave.

City Bryon Center

State Michigan ZIP Code + 4 49315

7. Date entered into:

3 / 21 / 2016

8. Name of person(s) through whom made:

Name Troy Scott

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



President
(If other title, see
instructions)

Title

14. Signed

Treasurer
(If other title, see
instructions)

Title

On 5 12 2016

Date

215 359 7155

Telephone Number

On

Date

Telephone Number

Filer: <i>John Miller - Scott Michael</i>	File Number C- <i>710</i>
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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 to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$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: To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.	
11.b. Period during which performed: various days beginning 3/21/16	11.c. Extent performed: Fully
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	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, Suite E	Street
City Broken Arrow	City
State <input type="text" value="Oklahoma"/> ZIP Code + 4 74011	State <input type="text"/> ZIP Code + 4
12.a. Identify subject groups of employees: Various employees	12.b. Identify subject labor organizations: pre-petition