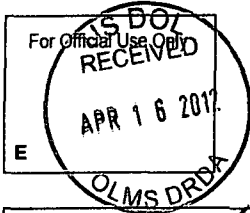


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C- 694


495068

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Russell Brown
Title	President
Organization	RoadWarrior Production LLC
P.O. Box, Bldg., Room No., if any	
Street	108 S. Indian Circle
City	Cocoa
State	Florida
ZIP Code + 4	32922
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:	5. Type of person:
Dec / 12	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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	Phillip B Wilson
Organization	President
Trade Name, if any	LRICS
P.O. Box, Bldg., Room No., if any	PO Box 1529
Street	
City	Broken Arrow
State	Oklahoma
ZIP Code + 4	74013
7. Date entered into: 3 / 9 / 2012	
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 	14. Signed _____
Title President	Title Other (Specify) _____
On 4/9/2012	On _____
Date	Date
3215078997	Telephone Number
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.):

Verbal \$1,500

#### Specific Activities to be Performed

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

a. Nature of activity:

Management training

11.b. Period during which performed:

3/12/2012

11.c. Extent performed:

fully

11.d. Name and address through whom performed:

Name Phillip B Wilson

Organization LRICS

P.O. Box, Bldg., Room No., if any 1529

Street

City Broken Arrow

State Oklahoma ZIP Code + 4 74013

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:

Encapsulation Production, liquid oil, dry oil, shipping and receiving employees of Fritz Industries.

12.b. Identify subject labor organizations:

IBT