

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only



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- 332922

Person Filing

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

Name Herman C Wiggins

Title Labor Relations Consultant

Organization

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

Street 8017 McKee Blvd

City Oklahoma City

State Oklahoma ZIP Code + 4 73132

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 / 7

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 Joseph P Derderian

Organization Recticel Interiors N.A., LLC

Trade Name, if any

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

Street 5600 Bowe Pointe Drive

City Clarkston

State Michigan ZIP Code + 4 48346-3155

7. Date entered into: / /

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

Title Sole Proprietor

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 7/9/2007 405-203-4367

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.):

No written agreement signed.

Follow-up visit to assist the company in communications with employees; walking the floor answering questions pertaining to labor movement, and consulting with management to identify areas of concerns.

Specific Activities to be Performed

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

a. Nature of activity:

1. Walked the floor answering questions posed by employees pertaining to labor movement.
2. Consultant to management in identifying areas of concerns.

11.b. Period during which performed:

5/21-30/07

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Joseph P Derderian

Organization Rectical Interiors N.A., LLC

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

Street 5600 Bow Pointe Drive Rectical

City Clarkston

State Michigan ZIP Code + 4 48346-3155

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:

Rectical Hourly employees @ the Tuscaloosa Al. Facility

12.b. Identify subject labor organizations:

Steelworkers