

# 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.

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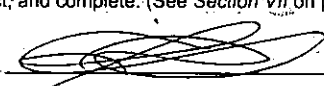

1. File Number: c-65802

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code):  Name  Title  Organization International Labor Relations  P.O. Box, Bldg., Room No., if any  Street 8086 South Yale Avenue Suite 225  City Tulsa  State Oklahoma ZIP Code + 4 74136	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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization MPW Industrial Services  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 9711 Lancaster Road  City Hebron  State Ohio ZIP Code + 4 43025	7. Date entered into:  8 / 1 / 2013  8. Name of person(s) through whom made:  Name Stefanie Coe  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 President  On 8/30/2013 Date 800-555-7509 Telephone Number	14. Signed  Title Treasurer  On 8/30/2013 Date 800-555-7509 Telephone Number
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Filer: International Labor Relations	File Number C-
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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.):

See attached agreement

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.	
11.b. Period during which performed:	11.c. Extent performed:
Beginning on or about 08/02/2013	Completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name Joseph Mieluchowski
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street	Street 47 East Jonathan Ct.
City	City Kennett Square
State ZIP Code + 4	State Pennsylvania ZIP Code + 4 19348
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees eligible to vote in the bargaining unit	International Union of Operating Engineers (IUOE), Local 18, AFL-CIO