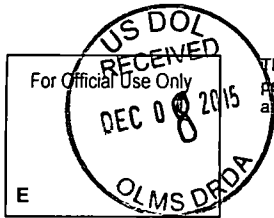


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

601503

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 1010089

## Person Filing

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

Name Miriam Navarro  
Title President  
Organization Frontline Labor Relations Inc.  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 9877 Chapman Ave. Ste. D426  
City Golden Grove  
State California ZIP Code + 4 92841

### 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 Terry Van Huysen  
Organization TPI Iowa LLC  
Trade Name, if any TPI Iowa LLC  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 2300 N. 33rd Ave E  
City Newton  
State Iowa ZIP Code + 4 50208

### 7. Date entered into:

9 / 1 / 2015

### 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 \_\_\_\_\_

President  
(If other title, see  
instructions)

Title Sole Proprietor

14. Signed \_\_\_\_\_

Treasurer  
(If other title, see  
instructions)

Title Other (Specify)

On 11-21-15  
Date

714-305-3731  
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.):

To educate employees of their rights under the National Labor Relations Act and to truthfully inform employees of the possible down-sides to unionization.

#### Specific Activities to be Performed

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

a. Nature of activity:

Miriam Navarro made her self available to employees at TPI in Newton IA to answer questions about unionization and collective bargaining.

11.b. Period during which performed:

09/01/15 to 09/05/15

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Miriam ☐ Navarro

Organization Frontline Labor Relations INC.

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

Street 9877 Chapman Ave STE. D426

City Garden Grove

State California ZIP Code + 4 92841

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:

Production workers

12.b. Identify subject labor organizations:

IBEW, Local 347