

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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.

654365

1. File Number: C- 67799

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Johan Pena
Title	Owner
Organization	
P.O. Box, Bldg., Room No., if any	
Street	14173 SW 158th Court
City	Miami
State	Florida
ZIP Code + 4	33196
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 / 31	a <input checked="" type="checkbox"/> 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	Ashley Furniture Industries, inc
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	One Ashley Way
City	Arcadia
State	California
ZIP Code + 4	54612
7. Date entered into: 12 / 05 / 2014	
8. Name of person(s) through whom made:	
Name	Greg Kammer
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)	14. Signed		Treasurer (If other title, see instructions)
Title	Sole Proprietor		Title		
On	8-8-17	Telephone Number	On		Telephone Number
Date			Date		

Filer:	File Number C- 67759
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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 terms made through LRI Consulting Services to communicate directly with employees regarding their rights under NLRA.

Specific Activities to be Performed

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

a. Nature of activity:

Engage employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Various days beginning ~~5-20-12~~ **12-5-14** ^{J.P.}

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name **Phil Wilson**
 Organization **LRI Consulting Services Inc**
 P.O. Box, Bldg., Room No., if any
 Street **7850 W Elm Place, Suite E**
 City **Broken Arrow**
 State **Oklahoma** ZIP Code + 4 **74011**

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:

Various employees

12.b. Identify subject labor organizations:

UBC Carpenters Union