

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.

657579



1. File Number: C- 66578

| Person Filing | |
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| 2. Name and mailing address (include ZIP Code): Name Title Organization Sparta, Inc P.O. Box, Bldg., Room No., if any Street 8086 South Yale Ave 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): |

| Nature of Agreement or Arrangement | |
|---|--|
| 6. Full name and address of employer with whom made (include ZIP Code): Name Organization Blackhawk Construction Trade Name, if any P.O. Box, Bldg., Room No., if any Street 8500 W 191st St City Mokena State Illinois ZIP Code + 4 60448 | 7. Date entered into: 7 / 18 / 2017 8. Name of person(s) through whom made: Name Michael Holloway 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.)

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| 13. Signed  Title President On 08/18/2017 800-555-7509 Date Telephone Number | 14. Signed  Title Treasurer On 08/18/2017 800-555-7509 Date Telephone Number |
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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.):

The fee is a hourly rate per Consultant plus travel days and travel expenses.

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| Specific Activities to be Performed | |
| 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 operate and bargain collectively. | |
| 11.b. Period during which performed: | 11.c. Extent performed: |
| Beginning on or about 7/18/2017 | 8/2/2017 |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: |
| Name | Name |
| Organization Pinnacle Labor Relations | Organization Pinnacle Labor Solutions |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any |
| Street 1557 Countrywood Ln | Street 10380 Rochelle Ave |
| City Escalon | City Santee |
| State California ZIP Code + 4 95320 | State California ZIP Code + 4 92071 |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: |
| All employees eligible to vote in the bargaining unit. | Unknown |

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| Filer: Sparta, Inc | File Number C- 66578 |
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| Specific Activities to be Performed (Continuation Page) | |
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| <p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to operate and bargain collectively.</p> | |
| <p>11.b. Period during which performed:</p> <p>Beginning on or about 7/18/2017</p> | <p>11.c. Extent performed:</p> <p>8/2/2017</p> |
| <p>11.d. Name and address through whom performed:</p> <p>Name</p> <p>Organization 5 Clover</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 17782</p> <p>Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19135</p> | <p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> |
| <p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> |
| <p>12.a. Identify subject groups of employees:</p> <p>All employees eligible to vote in the bargaining unit.</p> | <p>12.b. Identify subject labor organizations:</p> <p>Unknown</p> |