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 08-31-2016

1511120



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)

Person Filing 2. Name and mailing address (include ZIP Code): Name Michael Clabattoni Title Pricipal Organization MSC Labor Relations and Legislative Cons P.O. Box, Bidg, Room No., if any Street 27 Catherine Court City Bear State Delaware ZIP Code + 4 19701 State Delaware ZIP Code + 4 19701 State Toda former, and address of employer with whom made (include ZIP Code): Name MT Hall Organization Hall Drilling, LLC Trade Name, if any P.O. Box, Bidg, Room No., if any Street 137 E. Washington Ave. City Slate mode (include ZIP Code): Name Name Name Name Name Name Name Na	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 654 /20					
2. Name and mailing address (include ZIP Code): Name Michael Ciabattoni Title Pricipal Organization MSC Labor Relations and Legislative Cons P.O. Box, Bldg., Room No., if any Street 27 Catherine Court City Bear City State Delaware ZIP Code + 4 19701 State Corporation of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP Code): Name MT Hall Organization Hall Drilling, LLC Trade Name, if any Street 1137 E. Washington Ave. City Ellenboro State Virginia ZIP Code + 4 26346 Name Signatures Signatures Signatures President A Signed City Signatures Signature Treasurer Title Treasurer Title Treasurer	1. File Number: C- 65931					
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Principal On 8/12/2017 302 312 6632 On			Title	Treasurer	instructions)	
	Principal		- 1-3			
Date Telephone Number Date Telephone Number	On 8/12/2017 30:	2 312 6632	On			
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Filer Michael Ciabattoni MSC Labor Relations and Le	gislative Cons File Number C- 65931				
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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					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instructions):					
a. Nature of activity:					
To educate employees to the NLRA and related laws.					
11.b. Period during which performed:	11.c. Extent performed:				
Various days begining 6/4/17	Complete				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name	Name				
Organization LRI	Organization				
P.O. Box, Bldg., Room No., if any P.O. Box 1529	P.O. Box, Bldg., Room No., if any				
Street	Street				
City Broken Arrow	City				
State Oklahoma ZIP Code + 4 74013	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Machine Technicians	Machinists union				