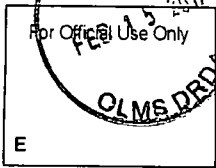


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

635006

1. File Number: C- 67257

Person Filing

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

Name Joseph Brock
Title Principal
Organization Reliant Labor Consultants
P.O. Box, Bldg., Room No., if any
Street 10108 Fehlborg Court
City Saint John
State Indiana ZIP Code + 4 46373

3. Any other address where records necessary to verify this report are kept:

Name N/A
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

4. Date fiscal year ends:

Dec / 17

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 Drew Chakeres
Organization Laboratory Corporation of America
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 531 South Spring Street
City Burlington
State North Carolina ZIP Code + 4 27215

7. Date entered into:

1 / 9 / 2017

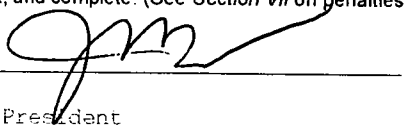
8. Name of person(s) through whom made:

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 President

14. Signed



Treasurer
(If other title, see
instructions)

Title Treasurer

On 2/9/2017 215-840-2088

Date Telephone Number

On 2/28/2017 (219) 577-7420

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.):

No written agreement. We were engaged by Laboratory Corporation of America to educate employees on all aspects of unions so that they could make an informed decision on whether or not to support a union. Pre-petition

Specific Activities to be Performed

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

a. Nature of activity:

Held meetings informing employees of all aspects of unions so that they could make an informed decision on whether or not to support a union.

11.b. Period during which performed:

1/09/17-2/5/17

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Joseph Brock

Organization East Coast Labor Relations

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

Street 151 Forge Road

City Delran

State New Jersey

ZIP Code + 4 08075

Additional Name and address through whom performed, if any:

Name Evelyn Fragoso

Organization Quality Labor Solutions

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

Street 6255 Condon Ave

City Los Angeles

State California

ZIP Code + 4 90056

12.a. Identify subject groups of employees:

Various employees

12.b. Identify subject labor organizations:

Food and Commercial Workers