## Spawn List U.S. Department of Labor Office of Labor-Management Standar Washington, DC 202 Reset

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## **AGREEMENT AND ACTIVITIES REPORT**

**Font** 

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

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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.	
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Me ngo						
1. File Number: <b>c</b> - 70						
Person Filling						
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:					
Name DAVID C ACOSTA	Name					
Title PRESIDENT/TREASURER	Title					
Organization REDSTONE ENTERPRISES	Organization					
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any					
Street 5415 E WILLOWICK CIRCLE	Street					
City ANAHEIM	City					
State California ZIP Code + 4 92807	State ZIP Code + 4					
4. Date fiscal year ends: 5. Type of person:						
Dec / 16 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):	7. Date entered into: 7 / 15 / 2016					
Name BARB LATIMER						
Organization ZIMMER BIOMET	8. Name of person(s) through whom made:					
Trade Name, if any ZIMMER BIOMET	Name					
P.O. Box, Bldg., Room No., if any	Name					
Street 20-01 POLLITT	Name					
City FAIRLAWN	Name					
State New Jersey ZIP Code + 4	Name					
Signatures						
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct Not Ready To Sign s in the instructions.)  13. Signed  President  (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,  Not Ready To Sign  14. Signed  Treasurer  (If other title, see instructions)					
Stamp	On 5/10/17 714-306-2229  Date Telephone Number					

a Barang Pengalan Salah Baran Baran B

Filer:	File Number C- 70				
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.					
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 agreement to provide consultation and to give speeches to employees about exercising their right to organize, bargain collectively and go on strikes according to the Guide to the National Labor Relations Act of 1935. Terms of billing are: \$120/HOUR, PLUS EXPENSES.					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruct	ions):				
a Nature of activity:  To provide consultation and to give speeches based on the Guide to the National Labor Relations Act to employees regarding their rights to organize, bargain collectively and strike.					
11.b. Period during which performed: 7/15/16 to 7/23/16	11.c. Extent performed: activity ended				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name DAVID BURK	Name				
Organization LABOR INFORMATION SERVICES, INC	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 27407 PACIFIC COAST HIGHWAY,	Street				
City MALIBU	City				
State California ZIP Code + 4 90265	State ZIP Code + 4				
12.a. Identify subject groups of employees:  MANUFACTURING	12.b. Identify subject labor organizations: NONE				