

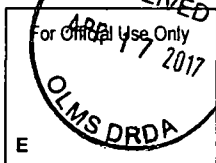
Amended

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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.

646912

1. File Number: *c- 66726*

Person Filing	
2. Name and mailing address (include ZIP Code): Name <i>Carlos Flores</i> Title <i>Consultant</i> Organization <i>C&C Consultant</i> P.O. Box, Bldg., Room No., if any Street <i>30000 Avenida Cima Del Sol</i> City <i>Temecula</i> State <i>California</i> ZIP Code + 4 <i>92591</i>	3. Any other address where records necessary to verify this report are kept: Name <i>N/A</i> Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: <i>Dec / 16</i>	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name <i>Ginny Sorenson</i> Organization <i>Swire Coca-Cola USA</i> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <i>12634 South 265 West</i> City <i>Draper</i> State <i>Utah</i> ZIP Code + 4 <i>84020</i>	7. Date entered into: <i>3 / 6 / 2017</i> 8. Name of person(s) through whom made: Name <i>Ginny Sorenson</i> 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 *Carlos Flores* President
(If other title, see instructions)
Title *President*

14. Signed *Carlos Flores* Treasurer
(If other title, see instructions)
Title *Treasurer*

On *01/19/2017* *909-772-5317*
Date Telephone Number

On *01/19/2017* *909-772-5317*
Date Telephone Number

Filer: Carlos Flores C&C Consultant

File Number C-

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.):

A verbal agreement through LRI Consulting Services Inc., \$ 1500 per day plus reasonable travel expenses.

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

11.b. Period during which performed:

Engaged 10/07/2016

11.c. Extent performed:

Various days beginning 10/09/2016

11.d. Name and address through whom performed:

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

Additional Name and address through whom performed, if any:

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

12.a. Identify subject groups of employees:

Forklift Drivers, Pickers, Truck Loaders.

12.b. Identify subject labor organizations:

Forklift Drivers, Pickers, Truck Loaders.