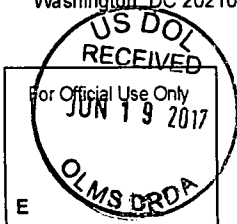


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

649998

1. File Number: c- 67257

## Person Filing

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

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

### 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 / 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 St  
City Burlington  
State North Carolina ZIP Code + 4 27215

### 7. Date entered into:

5 / 20 / 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

Title President

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

Date

6-13-17

Telephone Number

215-840-2088

On

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 agreements. 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 prepetition

**Specific Activities to be Performed**

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

a. Nature of activity:

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

11.b. Period during which performed:

5/20/2017

11.c. Extent performed:

various days

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 Lane  
City Delran  
State New Jersey ZIP Code + 4 08075

Additional Name and address through whom performed, if any:

Name Rebecca Smith  
Organization Rock Creek Consulting  
P.O. Box, Bldg., Room No., if any  
Street 554 Mahard Drive  
City Twin Falls  
State Idaho ZIP Code + 4 83301

12.a. Identify subject groups of employees:

Various employees

12.b. Identify subject labor organizations:

Teamsters

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 agreements. 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 prepetition

**Specific Activities to be Performed**

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

a. Nature of activity:

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

11.b. Period during which performed:

5/20/2017

11.c. Extent performed:

various days

11.d. Name and address through whom performed:

Name Cynthia Byrd  
 Organization Bright Productions Group  
 P.O. Box, Bldg., Room No., if any  
 Street 3532 Halliday Ave  
 City St Louis  
 State Missouri ZIP Code + 4 63118

Additional Name and address through whom performed, if any:

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

12.a. Identify subject groups of employees:

Various employees

12.b. Identify subject labor organizations:

Teamsters