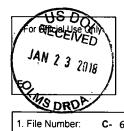
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016



Person Filing

Name

C- 66578

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

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

| Name | Name . |
|--|--|
| Title | Title |
| Organization Sparta, Inc | Organization |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any |
| Street 8086 South Yale Ave suite 225 | Street |
| City Tulsa | City |
| State Oklahoma ZIP Code + 4 74136 | State ZIP Code + 4 |
| Date fiscal year ends: 5. Type of person: | |
| Dec / 31 a. Individual b. Partnership | c. Corporation d. Other (Specify): |
| | |
| Nature of Agreement or Arrangement | 7 Data cataondista |
| Full name and address of employer with whom made (include ZIP Code): Name | 7. Date entered into: 11 / 13 / 2017 |
| Organization Island Ready Mix | 8. Name of person(s) through whom made: |
| Trade Name, if any | Name Francis Kuhn |
| P.O. Box, Bldg., Room No., if any | Name . |
| Street 91-047 Hanua Streer | Name |
| City Kapole | Name |
| State Hawaii ZIP Code + 4 96707 | Name |
| Signatures | |
| Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examine true, correct, and complete. (See Section VII on penalties in the instructions.) | e penalties of law, that all of the information submitted in this report (including ad by the signatory and is, to the best of the undersigned's knowledge and belief, |
| President (If other title, see instructions) | Treasurer (If other title, see instructions) |
| resident | Treasurer |
| Title President Institutions | Title Treasurer |
| - resident | On 12/22/2017 800-555-7509 |

| Filer: Sparta, Inc | File Number C- 66578 | |
|---|---|--|
| | | |
| 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 fee for a hourly rate per Consultant per calender | day worked plus travel days and expenses. | |
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| <u> </u> | | |
| 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 with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively. | | |
| _ | | |
| | | |
| | | |
| | | |
| 11.b. Period during which performed: | 11.c. Extent performed: | |
| Beginning on or about 12/08/2017 | Ongoing | |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: | |
| Name Brandon Ahakuelo | Name | |
| Organization | Organization | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | |
| Street 44050 Ashburn Shopping Plaza | Street | |
| City Ashburn | City | |
| State Virginia ZIP Code + 4 20147 | State ZIP Code + 4 | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | |
| All employees eligible to vote in the bargaining unit | Unknown | |