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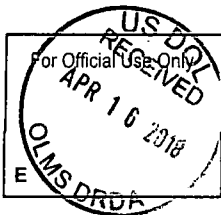Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019

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)

6750263

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66020

Person Filing

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

Name: Evelyn [D] Fragoso

Title: Owner

Organization: Quality Labor Solutions

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

Street: 4859 West Slauson Ave #191

City: Los Angeles

State: California   ZIP Code + 4: 90056

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 / 31

5. Type of person:
a. Individual   b. Partnership   c. [X] 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: Lab Corp

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: 8 / 3 / 2015

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 VIII 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: 10.11.16   Telephone Number: 310.729.6773

On: 10.11.16   Telephone Number: 310.729.6773

Date   Telephone Number   Date   Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

a. [X] 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. Educate employees on all aspects of unions so that they could make an informed decision on whether or not to support a union.

Specific Activities to be Performed

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

a. Nature of activity:

Held meetings to inform employees on their section 7 rights and on all aspects of unions

11.b. Period during which performed:	11.c. Extent performed:
8.3.2015 Various days	ongoing

11.d. Name and address through whom performed:

Name Phil [ ] Wilson

Organization LRI

P.O. Box, Bldg., Room No., if any PO BOX 15529

Street 7850 South Elm Place

City Broken Arrow

State Oklahoma [▼] ZIP Code + 4 74013

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 Groups

12.b. Identify subject labor organizations:

UFCW