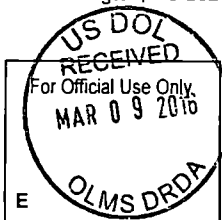


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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



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)

617613

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66371

### Person Filing

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

Name

Title

Organization Omega Labor Solutions

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

Street 2307 Fenton Parkway Suite 107-221

City San Diego

State California

ZIP Code + 4 92108-4746

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. ☒ Corporation d. ☐ Other (Specify):

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization American Ambulance

Trade Name, if any

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

Street 6605 NW 74 Avenue

City Miami

State Florida

ZIP Code + 4 33166

7. Date entered into:

1 / 25 / 2016

8. Name of person(s) through whom made:

Name Charles

Maymon

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 2/29/2016

Date

619-385-2718

Telephone Number

On 2/29/2016

Date

619-385-2718

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.):

Hourly rate plus expenses

**Specific Activities to be Performed**

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

a. Nature of activity:

Facilitated communication with employees regarding their Section 7 rights.

11.b. Period during which performed: 1/27/2016	11.c. Extent performed: Ongoing
11.d. Name and address through whom performed: Name Organization Sparta P.O. Box, Bldg., Room No., if any Street 8086 South Yale Avenue Suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136	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: All employees that are eligible to vote in the bargaining unit.	12.b. Identify subject labor organizations: IAEP

3/0/0