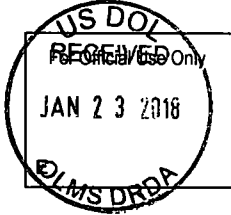


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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



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.

660186

1. File Number: C- 66578

Person Filing

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

Name

Title

Organization Sparta, Inc

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

Street 8086 South Yale Ave suite 225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

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 Mission Foods- Tempe

Trade Name, if any

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

Street 5860 S. Ash Ave

City Tempe

State Arizona

ZIP Code + 4 85283

7. Date entered into:

6 / 1 / 2016

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

Name Horacio Gaitan

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 12/28/2017

Date

800-555-7509

Telephone Number

On 12/28/2017

Date

800-555-7509

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.):

The fee for a day rate per Consultant is \$250 per hour for each consultant including travel.

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 regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Beginning on or about 3/20/2017

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Simon Jara

Organization Pinnacle Labor Solution

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

Street 10380 Rochelle Ave

City Santee

State Delaware

ZIP Code + 4 92071

Additional Name and address through whom performed, if any:

Name Zak Langren

Organization Langren Labor Relations

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

Street 14520 W Mockingbird Ln

City Sand Springs

State Oklahoma

ZIP Code + 4 74063

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

Unknown

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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.</p>	
<p>11.b. Period during which performed:</p> <p>Beginning on or about 3/19/2017</p>	<p>11.c. Extent performed:</p> <p>Ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Matt Langren</p> <p>Organization Integritex Contracting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1523 Southwest Blvd, Apt 14B</p> <p>City Tulsa</p> <p>State Oklahoma ZIP Code + 4 74107</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Angel Cornejo</p> <p>Organization Pinnacle Labor Relations</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1557 Countrywood Ln</p> <p>City Escalon</p> <p>State California ZIP Code + 4 95320</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name Emigdio Arias</p> <p>Organization KNA Industrial Relations, LLC</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 14804</p> <p>Street</p> <p>City Long Beach</p> <p>State California ZIP Code + 4 90853</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name John Cevallos</p> <p>Organization The CCG Group, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 18541 1/2 Atlantic St</p> <p>City Hesperia</p> <p>State California ZIP Code + 4 92345</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees eligible to vote in the bargaining unit</p>	<p>12.b. Identify subject labor organizations:</p> <p>Unknown</p>

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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.</p>	
<p>11.b. Period during which performed:</p> <p>Beginning on or about 3/19/2017</p>	<p>11.c. Extent performed:</p> <p>Ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Anna Reanos</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 426 G. Ave</p> <p>City National City</p> <p>State California ZIP Code + 4 91950</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Christian Teague</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 416 E- B Street Apt B</p> <p>City Jenks</p> <p>State Oklahoma ZIP Code + 4 74037</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees eligible to vote in the bargaining unit</p>	<p>12.b. Identify subject labor organizations:</p> <p>Unknown</p>