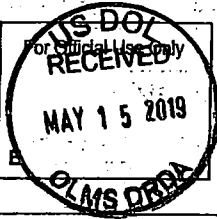


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021



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.

703930

1. File Number: c- 68654

Person Filling	
2. Name and mailing address (include ZIP Code): Name <u>Arthur Shank</u> Title <u>Leadership Consultant</u> Organization _____ P.O. Box, Bldg., Room No., if any _____ Street <u>125 Rawson Rd.</u> City <u>Rawson</u> State <u>Ohio</u> ZIP Code + 4 <u>45881</u>	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: <u>12/31</u>	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): _____

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name <u>The Kroger Co. d/b/a Kroger Mountain View</u> Organization <u>Foods</u> Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street <u>10241 E. 51st Avenue</u> City <u>Denver</u> State <u>Colorado</u> ZIP Code + 4 <u>80239</u>	7. Date entered into: <u> / / </u> 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 Arthur Shank President
(If other title, see instructions)
Title President

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 05/01/2019 513-967-7623
Date Telephone Number

On _____
Date Telephone Number

Filer: Arthur Shank

File Number C-

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.):

Per Oral Agreement: Was to engage Employees at Mountain View Foods of their rights under the Federal Labor Law to choose or not to choose to organize under a Bargaining Unit.
Fees for Services were to be \$80.00 / hour plus Expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Engage Associates and inform them of their rights under Federal Labor Law to choose or not to choose to organize under an Bargaining Unit

11.b. Period during which performed:

02/26/2018 - 05/23/2018

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Kroger Mountain View Foods
Organization

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

Street 10241 E. 51st Avenue

City Denver

State Colorado ZIP Code + 4 80239

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:

Kroger Mountain View Foods

12.b. Identify subject labor organizations:

UFCW Local 17