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 03-31-2019



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Joseph Brock Title President Title Organization Reliant Labor Consultants Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 10108 Fehlberg Court City City Saint John ZIP Code + 4 ZIP Code + 4 46373 State Indiana State 4. Date fiscal year ends: 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): 7. Date entered into: 2018 Name Seth Young 8. Name of person(s) through whom made: Organization Amerinox Processing, Inc Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 2201 Mount Ephraim Ave City Camden Name ZIP Code + 4 08104 State New Jersey 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.) President 14. Signed 13. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Treasurer Title Title 9-3-18 215-840.2088
Date Telephone Number

Telephone Number

Date

| Filer: Joseph Brock Reliant Labor Consultants | | File-Number C- |
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| 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. | | |
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| 10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): No written agreements. Engaged by Amerinox Processing, Inc to educate employees on all aspects of | | |
| unions so that they could make an informed decision on whether or not to support a union prepetition | | |
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| Specific Activities to be Performed | | |
| 11. For each activity, separately list, in detail the information required (See instructions): | | |
| a. Nature of activity: Hold meetings informing employees on all aspects of unions so that they could make an informed | | |
| decision on whether or not to support a union. Pre-petition | | |
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| 11.b. Period during which performed: 7/16/2018 to ongoing | 11.c. Extent performed: ongoing | |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: | |
| Name Byron Clay | Name Andria D Simckes | |
| Organization BJC & Associates | Organization ADS Consulting, Inc | |
| | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | |
| Street 10108 Fehlberg Ct | Street 7326 Hoover Ave | |
| City St John | City St. Louis | |
| State Indiana ZIP Code + 4 46373 | State Missouri | ZIP Code + 4 63177 |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | |
| Production and maintenance workers | . Sheet metal workers union | |
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