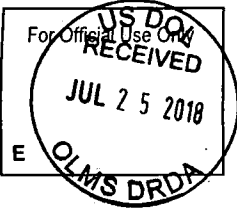


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

680706

1. File Number: c- [] 68181

Person Filing

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

Name [Canaan] [P] [Palker]
Title [VP Operations/Treasurer]
Organization [DHLNH]
P.O. Box, Bldg., Room No., if any []
Street [15 Cross rd]
City [Hooksett]
State [New Hampshire] ZIP Code + 4 [03106]

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] / [18]

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 [Canaan] [P] [Palker]
Organization [DHLNH]
Trade Name, if any []
P.O. Box, Bldg., Room No., if any []
Street [15 Cross Rd]
City [Hooksett]
State [New Hampshire] ZIP Code + 4 [03106]

7. Date entered into:

[6] / [1] / [2017]

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

Name [Canaan] [P] [Palker]
Name [Phillip] [J] [Palker]
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

President
(If other title, see instructions)

Title [President]

14. Signed

Treasurer
(If other title, see instructions)

Title [Treasurer]

On [7/12/2018]

Date

[802-448-7223]

Telephone Number

On [7/12/2018]

Date

[802-448-7223]

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 terms of our agreement was that sparta would provide enough facts to the employees that they would decide to vote against the union and then we would pay sparta.

Specific Activities to be Performed

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

a. Nature of activity:

Informational meetings with the employees

11.b. Period during which performed:

june 2017

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Emilio

Organization Sparta

P.O. Box, Bldg., Room No., if any Suite 225

Street 8086 S. Yale Ave

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:

Couriers and Dockworkers

12.b. Identify subject labor organizations:

Teamsters local 251