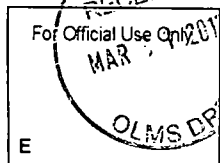


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

644673

1. File Number: C- 67257

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Joseph Brock	3. Any other address where records necessary to verify this report are kept:
Title President	Name
Organization Reliant Labor Consultants	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 10108 Fehlberg Court	P.O. Box, Bldg., Room No., if any
City Saint John	Street
State Indiana ZIP Code + 4 46373	City
	State ZIP Code + 4
4. Date fiscal year ends: Dec / 17	5. Type of person: a. <input type="checkbox"/> Individual b. <input checked="" 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 Drew Chakeres	7. Date entered into: 1 / 16 / 2017
Organization Laboratory Corporation of America	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 531 South Spring St	Name
City Burlington	Name
State North Carolina ZIP Code + 4 27215	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 3-19-17 215-840-2088
Date Telephone Number

On _____
Date Telephone Number

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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.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

No written agreements. Engaged by Laboratory Corporation of America 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

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

11.b. Period during which performed:

1/16/2017

11.c. Extent performed:

various days

11.d. Name and address through whom performed:

Name Joseph Brock
 Organization East Coast Labor Relations
 P.O. Box, Bldg., Room No., if any
 Street 151 Forge Lane
 City Delran
 State New Jersey ZIP Code + 4 08075

Additional Name and address through whom performed, if any:

Name Evelyn Fragoso
 Organization Quality Labor Solutions
 P.O. Box, Bldg., Room No., if any
 Street 6255 Condon Ave
 City Los Angeles
 State California ZIP Code + 4 90056

12.a. Identify subject groups of employees:

Various employees

12.b. Identify subject labor organizations:

Food and Commercial Workers