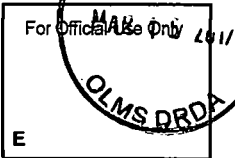


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

636623

1. File Number: C-1683

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Joseph Brock
Title	President
Organization	East Coast Labor Relations
P.O. Box, Bldg., Room No., if any	
Street	151 Forge Rd
City	Delran
State	New Jersey
ZIP Code + 4	08075
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:	5. Type of person:
Dec / 31	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	Fedex Freight Corporation
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	1717 Aaron Brenner Drive
City	Memphis
State	Tennessee
ZIP Code + 4	38120
7. Date entered into: 10 / 10 / 2016	
8. Name of person(s) through whom made:	
Name	Ivan Rich
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
(If other title, see instructions)

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

On 3/4/17 215-840-2088
Date Telephone Number

On _____
Date Telephone Number

EASTCOAST
laborrelations

151 FORGE RD
DELRAN, NJ 08075
P (215)840-2088
WWW.ECLR.ORG

Filer:	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.

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

Verbal agreement at \$187.50 per hr plus expenses

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: Give speeches to employees regarding their right to organize and collectively bargain	
11.b. Period during which performed: various days beginning 10/11/2016	11.c. Extent performed: fully performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name <input type="text"/>	Name <input type="text"/>
Organization Labor Relations Institute	Organization <input type="text"/>
P.O. Box, Bldg., Room No., if any <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/>
Street 7850 S. Elm Place	Street <input type="text"/>
City Broken Arrow	City <input type="text"/>
State Oklahoma ZIP Code + 4 74011	State <input type="text"/> ZIP Code + 4 <input type="text"/>
12.a. Identify subject groups of employees: Various employees	12.b. Identify subject labor organizations: Pre-petition

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