U.S. Department of Labor Office of Labor-Management Standards

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016



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: c-14,578		
The realise.		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name	Name	
Title	Title	
Organization Sparta	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 8086 South Yale Ave suite 225	Street	
City Tulsa	City	
State Oklahoma ZIP Code + 4 74136	State ZIP Code + 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		
Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 5 / 27 / 2015	
Name	8. Name of person(s) through whom made:	
Organization Krystal Car Wash  Trade Name, if any	Name Wilson Ahn	
P.O. Box, Bldg., Room No., if any	Name	
Street 4340 Erdman Ave	Name	
City Baltimore	Name	
State Maryland ZIP Code + 4 21213	Name	
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including	
On 06/22/2015 800-555-7509  Date Telephone Number	On 06/22/2015 800-555-7509  Date Telephone Number	

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Filen Sparta	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.):		
ro. Terms and conditions (Explain in detail, see instructions. Written agreements	must be attached.).	
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruc a. Nature of activity:	tions):	
Engaged to communicate with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.		
11.b. Period during which performed:	11.c. Extent performed:	
Beginning on or about 6/09/2015	Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Eric Grumbrecht	Name	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 200 Lago Circle # 201	Street	
City Melbourne	City	
State Florida ZIP Code + 4 32904	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All employees eligible to vote in the bargaining unit		