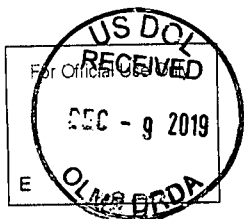


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

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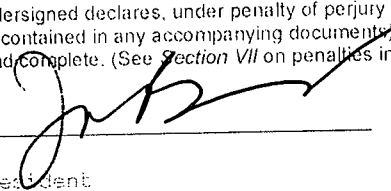
1. File Number: C- 67257

| Person Filing  |  |
|--|--|
| 2. Name and mailing address (include ZIP Code):<br>Name Joseph Brock<br>Title President<br>Organization Reliant Labor Consultants<br>P.O. Box, Bldg., Room No., if any<br>Street 1011 Sonata Lane<br>City Apollo Beach<br>State Florida ZIP Code + 4 33572 | 3. Any other address where records necessary to verify this report are kept:<br>Name<br>Title<br>Organization<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4           |
| 4. Date fiscal year ends:<br>Dec / 19  | 5. Type of person:<br>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):<br>Name John McCarthy<br>Organization NRT Transportation<br>Trade Name, if any<br>P.O. Box, Bldg., Room No., if any<br>Street 230 Main St<br>City North Reading<br>State Maine ZIP Code + 4 01864 | 7. Date entered into: 9 / 24 / 2019<br>8. Name of person(s) through whom made:<br>Name<br>Name<br>Name<br>Name<br>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 <br>Title President<br>On 12/2/2019<br>Date<br>Telephone Number 215-840-2058 | 14. Signed _____<br>Title Treasurer<br>On _____<br>Date<br>Telephone Number _____ | Treasurer<br>(If other title, see instructions) |
|--|---|---|

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.):

Agreement attached. Engaged by NRT 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:  
9/24/2018 to ongoing

11.c. Extent performed:  
ongoing

11.d. Name and address through whom performed:

Name Jim Misercola

Organization Labor Educators LLC

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

Street 327 Walnut ST

City Bridgewater

State Maine

ZIP Code + 4 02324

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:

All full time and hourly employees

12.b. Identify subject labor organizations:

Pre-Petition