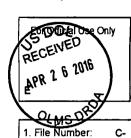
Office of Labor-Management Standards Washington, OC 20210

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AGREEMENT AND ACTIVITIES REPORT

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



Person Filing

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:		
Name Joseph E	Brock	Name		
Title President		Title		
Organization East Coast Labor Relations		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 151 Forge rd.		Street		
City Delran		City		
State New Jersey	ZIP Code + 4 08075	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):		7. Date entered into: 03 / 11 / 2016		
Name		, ,		
Organization Laboratory Corp. of America		8. Name of person(s) through whom made:		
Trade Name, if any		Name Drew Chakeres		
P.O. Box, Bldg., Room No., if any		Name		
Street 531 S. 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 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	President (If other title, see	14. Signed	Treasurer (% other title coo	
Title President	instructions)	Title d	(If other title, see instructions)	
On 4/21/16 215	5-840-2088	On		
Date	Telephone Number	Date T	elephone Number	
	<i>a</i>			

- 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 250.00 per hour 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 rights to organize and collectively bargain

<u> </u>		
11.b. Period during which performed:	11.c. Extent performed:	
Various days beginning 3/01/16	fully performed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization Labor Relations Institute	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 7850 S. Elm Place	Street	
City Broken Arrow	City	
State Oklahoma ZIP Code + 4 74013	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Various employees	Pre-petition	