U.S. Department of Labor Office of Pabor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013



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)

| Person Filling  2. Name and mailing address (include ZIP Code):  Name Rebecca Smith  Name  Rebecca Smith  Title  Organization Rock Creek Consulting LLC  Organization  P.O. Box, Bidg., Room No., if any  Street  City Twin Falls  State NV  ZIP Code + 4 83301  State  ZIP Code + 4 83301  State  ZIP Code + 4  4. Date fiscal year ends:  Dec  | File Number: C- 66125  |  |  |  |
|--|--|--|--|--|
| 2. Name and mailing address (include ZIP Code):  Name Rebecca Smith  Title President  Organization Rock Creek Consulting LLC  Organization Rock Creek Consulting LLC  P.O. Box, Bldg., Room No., if any  Street 554 Mahard Dr  City Twin Falls  State NV  ZIP Code + 4 83301  State ZIP Code + 4  4. Date fiscal year ends: Dec 31  Individual b Partnership c Corporation d Corporation d Corporation d Corporation d Corporation d Corporation d Rock Corporation Martin Transporation Systems  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 7300 Clyde Park Avenue SW  Name  Title  Organization Name  Organization Name  Name  Troy Scott  Name  Name |  |  |  |  |
| Name Rebecca Smith Name  Title President Title  Organization Rock Creek Consulting LLC Organization  P.O. Box, Bidg., Room No., if any  Street 554 Mahard Dr  City Twin Falls  State NV ZIP Code + 4 83301 State ZIP Code + 4  4. Date fiscal year ends: Dec   | Person Filing  |  |  |  |
| Title President Organization Rock Creek Consulting LLC Organization P.O. Box, Bldg., Room No., if any Street 554 Mahard Dr City Twin Falls State NV ZIP Code + 4 83301 State ZIP Code + 4 4. Date fiscal year ends: Dec  | 2. Name and mailing address (include ZIP Code):                                  | 3. Any other address where records necessary to verify this report are kept: |  |  |
| Organization Rock Creek Consulting LLC  P.O. Box, Bldg., Room No., if any  Street 554 Mahard Dr  City Twin Falls  State NV  ZIP Code + 4 83301  State ZIP Code + 4  4. Date fiscal year ends:  Dec 31  Individual b Partnership c Corporation d X Other (Specify): LLC  Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization Martin Transporation Systems  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 7300 Clyde Park Avenue SW  TIP Code + 4 4 43315  | Name Rebecca Smith   | Name   |  |  |
| P.O. Box, Bidg., Room No., if any  Street 554 Mahard Dr  City Twin Falls  State NV ZIP Code + 4 83301 State ZIP Code + 4  4. Date fiscal year ends:  Dec 31 31 a Individual b Partnership c. Corporation d. Cother (Specify): LLC  Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization Martin Transporation Systems  Trade Name, if any  P.O. Box, Bidg., Room No., if any  Street 7300 Clyde Park Avenue SW  City Byron Center  TIP Code + 4 4 4 40315  | Title President  | Title  |  |  |
| Street 554 Mahard Dr  City Twin Falls  State NV ZIP Code + 4 83301  State ZIP Code + 4  4. Date fiscal year ends: Dec / 31 a Individual b Partnership c. Corporation d. X Other (Specify): LLC  Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code): Name  Organization Martin Transporation Systems  Trade Name, if any P.O. Box, Bldg., Room No., if any  Street 7300 Clyde Park Avenue SW  City Byron Center  TIP Code + 4 83301  State Name Troy Scott  Name  Name  Name  Name  Name   | Organization Rock Creek Consulting LLC   | Organization   |  |  |
| City Twin Falls  State NV ZIP Code + 4 83301 State ZIP Code + 4  4. Date fiscal year ends:  Dec  | P.O. Box, Bldg., Room No., if any  | P.O. Box, Bldg., Room No., if any  |  |  |
| State NV ZIP Code + 4 83301 State ZIP Code + 4  4. Date fiscal year ends:  Dec   | Street 554 Mahard Dr   | Street   |  |  |
| 4. Date fiscal year ends:  Dec   | City Twin Falls  | City   |  |  |
| Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization Martin Transporation Systems  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 7300 Clyde Park Avenue SW  City Byron Center  TIP Code + 4 103315  | <b>State</b> NV <b>ZIP Code + 4</b> 83301  | State ZIP Code + 4   |  |  |
| Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization Martin Transporation Systems  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 7300 Clyde Park Avenue SW  City Byron Center  Name  TIP Code + 4 40335   | 4. Date fiscal year ends: 5. Type of person:                                     |  |  |  |
| 6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization Martin Transporation Systems  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 7300 Clyde Park Avenue SW  City Byron Center  TIP Code + 4 4 40315   | Dec / 31 a. Individual b. Partnership  | c. Corporation d. X Other (Specify): LLC                                     |  |  |
| 6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization Martin Transporation Systems  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 7300 Clyde Park Avenue SW  City Byron Center  ZIP Code + 4 40315   | •  |  |  |  |
| Name  Organization Martin Transporation Systems  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 7300 Clyde Park Avenue SW  City Byron Center  TRE Code + 4 40315  | Nature of Agreement or Arrangement   |  |  |  |
| Organization Martin Transporation Systems  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 7300 Clyde Park Avenue SW  City Byron Center  TR Code + 4 40315   |  |  |  |  |
| Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 7300 Clyde Park Avenue SW  Name  Name  Name  Name  Name  Name  |  | 8. Name of person(s) through whom made:                                      |  |  |
| Street 7300 Clyde Park Avenue SW  City Byron Center  Name  Name  TIP Code + 4 40215  |  | Name Troy Scott  |  |  |
| City Byron Center  Name  7IP Code + 4 40215  | P.O. Box, Bldg., Room No., if any  | Name   |  |  |
| State MT 7IP Code + 4 40215  | Street 7300 Clyde Park Avenue SW   | Name   |  |  |
| State         MI         ZIP Code + 4         49315         Name   | City Byron Center  | Name   |  |  |
|  | <b>State</b> MI <b>ZIP Code + 4</b> 49315  | Name   |  |  |
|  | Fach of the undersigned declares, under negative of periury and other applicable | atures   |  |  |

| 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  | A vice    | 18/1000          | President                          | 14. Signed |                                       |                  | Treasurer                          |  |
| Title   | President | <del></del> ,    | (If other title, see instructions) | Title      | · · · · · · · · · · · · · · · · · · · |                  | (If other title, see instructions) |  |
| On  | 8/24/2017 | 702-494-8416     |                                    | On         |                                       |                  |                                    |  |
|   | Date      | Telephone Number | · ·                                |            | Date                                  | Telephone Number |                                    |  |

| Filer: Rock Creek Consulting LLC   |  | File Number C- 66125   |  |  |  |  |  |
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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 em such employer, except information for use solely in conjunction with an  | ployees or a labor organization administrative or arbitral pro | n in connection with a labor dispute involving ceeding or a criminal or civil judicial proceeding. |  |  |  |  |  |
| 10. Terms and conditions (Explain in detail; see instructions. Written agreements  | must be attached ):  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Verbal agreement made through LRI Consulting Services, I   | inc. \$1,500 per day pl  | us reasonable travel expenses.   |  |  |  |  |  |
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| Specific Activities to be Performed  |  |  |  |  |  |  |  |
| 11. For each activity, separately list in detail the information required (See instructi   | ions):   |  |  |  |  |  |  |
| a. Nature of activity:   | ,  |  |  |  |  |  |  |
| Engaged to communicate to employees regarding exercising   | their rights to orga   | nize and hargain collectively  |  |  |  |  |  |
| inguiste to communicate to employees regularity exercising   | g their rights to orga   | mize and bargain confectively.   |  |  |  |  |  |
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| 11.b. Period during which performed:   | 11.c. Extent performed:  |  |  |  |  |  |  |
| various days beginning 3/5/17  | Fully Performed  |  |  |  |  |  |  |
| 11.d. Name and address through whom performed:   | Additional Name and address                                    | ss through whom performed, if any:   |  |  |  |  |  |
| Name Phillip B Wilson  | Name   |  |  |  |  |  |  |
| Organization LRI Consulting Services, Inc.   | Organization   | •<br>•   |  |  |  |  |  |
| P.O. Box, Bldg., Room No., if any  | P.O. Box, Bldg., Room No.,                                     | if any   |  |  |  |  |  |
| Street 7850 South Elm Place, Suite E   | Street   |  |  |  |  |  |  |
| City Broken Arrow  | Broken Arrow City  |  |  |  |  |  |  |
| State Oklahoma ZIP Code + 4 74011  | State  | ZIP Code + 4   |  |  |  |  |  |
| 12.a. Identify subject groups of employees:  | 12.b. Identify subject labor                                   | organizations:   |  |  |  |  |  |
| Drivers  | Teamsters  |  |  |  |  |  |  |
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