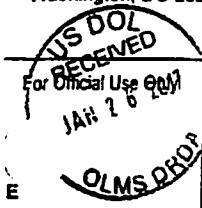


U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 07-31-2011



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.

648420

1. File Number: c 648420

## Person Filing

2. Name and mailing address (include ZIP Code):

Name William D. Frisco

Title Owner

Organization Quality Labor Solutions

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

Street

City

State ZIP Code + 4

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:

Dec / 16

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

## Parties to Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Drew Chakares

Organization Laboratory Corporation of America

Trade Name, if any

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

Street 531 South Spring St

City Berkeley

State North Carolina ZIP Code + 4 27215

7. Date entered into:      /      /     

8. Name of person(s) through whom made:

Name

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.)

3. Signed

Title

Owner

President

(If other title, see instructions)

14. Signed

Title

d

Treasurer

(If other title, see instructions)

On

1/6/17

Date

302296773

Telephone Number

On

Date

Telephone Number

173

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

☒ 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.

☐ 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.):

Inform all aspects of unions to employers so that they could make an informed decision on whether or not to support a union

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Hold meetings in forming employers on all aspects of unions so employers can make an informed decision on whether or not to support union

Period during which performed:

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name

Name

Organization

Organization

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

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

Street

Street

City

City

State ZIP Code + 4

State ZIP Code + 4

2.a. Identify subject groups of employees:

12.b. Identify subject labor organizations:

Various employers

UFCW