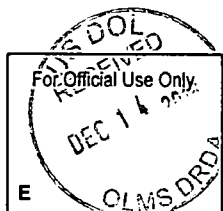


Amended  
**FORM LM-20**  
**AGREEMENT AND ACTIVITIES REPORT**



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)

632296

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: C- 65880

Person Filing	
<p>2. Name and mailing address (include ZIP Code):</p> <p>Name <span style="border: 1px solid black; padding: 2px;">Amed</span> <span style="border: 1px solid black; padding: 2px;">D</span> <span style="border: 1px solid black; padding: 2px;">Santana</span></p> <p>Title <span style="border: 1px solid black; padding: 2px;">President</span></p> <p>Organization <span style="border: 1px solid black; padding: 2px;">Santana International, Inc</span></p> <p>P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;"></span></p> <p>Street <span style="border: 1px solid black; padding: 2px;">7049 Westwind DR. Suite 6001</span></p> <p>City <span style="border: 1px solid black; padding: 2px;">EL PASO</span></p> <p>State <span style="border: 1px solid black; padding: 2px;">TX</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;">79912</span></p>	<p>3. Any other address where records necessary to verify this report are kept:</p> <p>Name <span style="border: 1px solid black; padding: 2px;">Phillip</span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;">Wilson</span></p> <p>Title <span style="border: 1px solid black; padding: 2px;">President</span></p> <p>Organization <span style="border: 1px solid black; padding: 2px;">Labor Relations Institute</span></p> <p>P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;"></span></p> <p>Street <span style="border: 1px solid black; padding: 2px;">7850 South Elm Place</span></p> <p>City <span style="border: 1px solid black; padding: 2px;">Broken Arrow</span></p> <p>State <span style="border: 1px solid black; padding: 2px;">Oklahoma</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;">74011</span></p>
<p>4. Date fiscal year ends:</p> <p><span style="border: 1px solid black; padding: 2px;">DEC</span> / <span style="border: 1px solid black; padding: 2px;">31</span></p>	<p>5. Type of person:</p> <p>a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): <span style="border: 1px solid black; padding: 2px;"></span></p>

Nature of Agreement or Arrangement						
<p>6. Full name and address of employer with whom made (include ZIP Code):</p> <p>Name <span style="border: 1px solid black; padding: 2px;">Rick</span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;">Cormal</span></p> <p>Organization <span style="border: 1px solid black; padding: 2px;">United Parcel Services (UPS)</span></p> <p>Trade Name, if any <span style="border: 1px solid black; padding: 2px;"></span></p> <p>P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;"></span></p> <p>Street <span style="border: 1px solid black; padding: 2px;">UPS 55 Glenlake Parkway NE</span></p> <p>City <span style="border: 1px solid black; padding: 2px;">Atlanta</span></p> <p>State <span style="border: 1px solid black; padding: 2px;">GA</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;">30328</span></p>	<p>7. Date entered into: <span style="border: 1px solid black; padding: 2px;">5</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">16</span></p> <p>8. Name of person(s) through whom made:</p> <table style="width: 100%;"><tr><td>Name <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span></td></tr><tr><td>Name <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span></td></tr><tr><td>Name <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span></td></tr><tr><td>Name <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span></td></tr><tr><td>Name <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span></td></tr></table>	Name <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span>	Name <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span>	Name <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span>	Name <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span>	Name <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span>
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**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 instructions)  
Title President

14. Signed  Treasurer  
(If other title, see instructions)  
Title Treasurer

On 12/6/2016 915-215-3725  
Date Telephone Number

On 01/27/17 915-215-3725  
Date Telephone Number

77

Filer:

File Number C-

65880

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.):

To Provide direct employee regarding employees section 7 rights under the NLRA

**Specific Activities to be Performed**

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

a. Nature of activity:

Educational Meetings with employees regarding their section 7 rights under the NLRA.

11.b. Period during which performed:

Various days beginning 5/16/16

11.c. Extent performed:

N/A

11.d. Name and address through whom performed:

Name Phillip Wilson

Organization Labor Relations Institute

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

Street 7850 South Elm ST

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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:

Various employees.  
Pre-Petition

12.b. Identify subject labor organizations:

Various