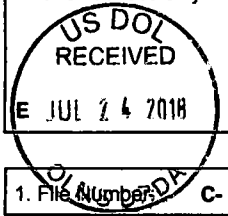


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only



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.

680616

1. File Number C- 67333

Person Filing

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

Name Brandon Ahakuelo

Title

Organization

P.O. Box, Bldg., Room No., if any 120-177

Street Village Center Plaza

City Stone Ridge

State ZIP Code + 4 20105

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:

/

5. Type of person:

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):

Name Renee Tornatore

Organization Corydon Pain Management Clinic

Trade Name, if any

P.O. Box, Bldg., Room No., if any 1

Street 2230 Edsel Lane

City Corydon

State ZIP Code + 4 47112

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.)

13. Signed

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

Date

Telephone Number

On

Date

Telephone Number

Filer:

File Number C-

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.):

Consulting Fees + Expenses

Specific Activities to be Performed

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

a. Nature of activity:

Represent the Employer in matters of Collective Bargaining and Unfair Labor Practice Charges

11.b. Period during which performed:

1/1/18 - Ongoing

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization Sparta Inc.

P.O. Box, Bldg., Room No., if any 225

Street 8086 S. Yale ave

City Tulsa

State ZIP Code + 4 74136

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:

12.b. Identify subject labor organizations: