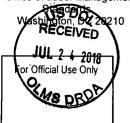
U.S. Department of Labor Office of Labor-Management



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)

680630 Ε READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number: C- 66726 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Carlos Flores Name Title Title President Organization Flores Labor Relations Inc Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 30000 Avenida Cima Del Sol Street City Temecula City State CA **ZIP Code + 4** 92591 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: c. X Corporation d. Other (Specify): Dec Individual b. Partnership

Nature of Agreement or Arrangement						
6. Full name and address of employer with v	hom made (include ZIP Code):	7. Date entered into:				
Name _.			6 / 18 / 2018			
Organization Dollar General Corpo	ration	8. Name of person(s) through whom made:				
Trade Name, if any		Name Bob	Ravener			
P.O. Box, Bldg., Room No., if any		Name				
Street 100 Mission Ridge		Name				
City Goodlettsville		Name				
State TN	ZIP Code + 4 37072	Name				

Signatures							
the informa	ition contained in any a		s) has been examine			rmation submitted in this re t of the undersigned's know	
13. Signed	allo-	tlous	President (If other title, see	14. Signed _			Treasurer (If other title, see
Title	President		instructions)	Title _			instructions)
On	7/18/2018	909-772-5317		On _			<u>.</u>
	Date	Telephone Number			Date	Telephone Number	

	····						
Filer: Flores Labor Relations Inc	File Number C- 66726						
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 made through LRI Consulting Services,	Inc. \$1,500 per day pla	us reasonable travel expenses.					
Specific Activities to be Performed							
11. For each activity, separately list in detail the information required (See instruct	ions):						
a. Nature of activity:							
Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.							
11.b. Period during which performed:	11.c. Extent performed:						
various days beginning 6/19/18	Fully Performed						
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:						
Name Phillip B Wilson	Name						
Organization LRI Consulting Services, Inc.	Organization						
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	City						
Chate 013.1		710.0					
State Oklahoma ZIP Code + 4 74011	State	ZIP Code + 4					
12.a. Identify subject groups of employees:	12.b. Identify subject labor of	rganizations:					
various employees	pre-petition						