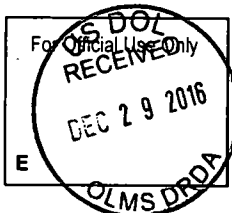


FORM LM-20

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)

630575
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00525

Person Filing

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

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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 / 31

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

Organization The Walgreen Company

Trade Name, if any

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

Street 104 Wilmet Road, MS# 1416

City Deerfield

State IL ZIP Code + 4 60015

7. Date entered into:

9 / 9 / 2016

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

Name Marty Szostak

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

President
(If other title, see
instructions)

Title CEO

14. Signed

Title President

Treasurer
(If other title, see
instructions)

On 12/16/2016

Date

918-455-9995

Telephone Number

On 12/16/2016

Date

918-455-9995

Telephone Number

107

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. \$3,000 per day per consultant plus reasonable travel expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 9/12/16

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Joseph Brock
 Organization East Coast Labor Relations LLC
 P.O. Box, Bldg., Room No., if any
 Street 151 Forge Road
 City Delran
 State NJ ZIP Code + 4 08075

Additional Name and address through whom performed, if any:

Name Byron Clay
 Organization BJC and Associates Inc
 P.O. Box, Bldg., Room No., if any
 Street 10108 Fehlberg Court
 City St John
 State IN ZIP Code + 4 46379

12.a. Identify subject groups of employees:

Pickers, Sorters, Shipping, Receiving, Janitorial,
 Forklift Drivers, Utilities, And Maintenance Techs

12.b. Identify subject labor organizations:

Machinists & Aerospace Workers

Specific Activities to be Performed (Continuation Page)

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

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:

11.d. Name and address through whom performed:

Name Rebecca Smith

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

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

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

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:

Pickers, Sorters, Shipping, Receiving, Janitorial,
Forklift Drivers, Utilities, And Maintenance Techs

12.b. Identify subject labor organizations:

Machinists & Aerospace Workers