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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 07-31-2019

This report is mandatory under P.L. 85-257, as amended. Feiture to comply may result in criminal presecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Lebor 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.

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Person Filing  2. Name and mailing address (include ZIP Code): Name ReDecca Swith  Title  Organization Reck Creek Casulty  P.O. Box, Bidg., Room No., if any  Street  City  State  TD Code + 4 8336   State  ZIP Code + 4 8336   State  ZIP Code + 4 8336   State  TO Corporation  6. Full name and address of employer with whom made (include ZIP Code):  Name Months  Street  Trode Name, if any  P.O. Box, Bidg., Room No., if any  8. Name of Agroement or Annangement  6. Full name and address of employer with whom made (include ZIP Code):  Name Months  Stock  Trode Name, if any  P.O. Box, Bidg., Room No., if any  8. Name of person(s) through whom made:  Name  Name			
2. Name and mailing address (include ZIP Code): Name Rebecca Suttle Title Organization Red Creek Consulting Organization P.O. Box, Bidg., Room No., if any Street Styl Hahard Creek Style State TD ZIP Code + 4 8336   State ZIP Code + 4  4. Data Society ear 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 Matter of Agreement or Arrangement 7. Data entered into: 9. Data (include ZIP Code): Name Matter of Agreement or Arrangement 8. Full name and address of employer with whom made (include ZIP Code): Name Matter of Agreement or Arrangement 9. Data entered into: 9. Data en	File Number: C- 66125		
2. Name and mailing address (include ZIP Code): Name Rebucca Suth Title Organization Reducca Suth Title Organization Reducca Suth Title Organization P.O. Box, Bidg., Room No., if any Street Site ID ZIP Code +4 8536 State ZIP Code			
Name Pebbecce Swith  Name Title  Organization  P.O. Box, Bidg., Room No., if any Street  City  Twin  A. Date fiscal year ends:  a. Individual b. Partnership c. Corporation  Organization  Name  Name  None  Name  Name  None  Name  None  Name  None  Name			
Title Own Organization Rock Creek Consulting P.O. Box, Bidg., Room No., if any Street Street City Twin Falls ZIP Code + 4 8 3 3 6   State ZIP Code + 4  4. Date fiscal year ends: 5. Type of person: a. Individual b. Partnership c. Corporation d. Other (Specify):  Name of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Month Szostak Organization Trade Name, if any P.O. Box, Bidg., Room No., if any Street Of Williams, if any Street Of Williams, if any Street Of Williams, if any Street Of Williams and prepared of the information outsished in any accompanying documents) is been examined by the signatory and is, to the best of the undersigned sincovinge and best true, correct, and countering and sincovinge and best true, correct, and countering and sincovinge and best information outsished in any accompanying documents) in the instructions.)  13. Signed Alexand President President Treasurer (if other tite, see instructions) Treasurer (if other tite, see instructions) Treasurer (if other tite, see instructions)	_	· · · · · · · · · · · · · · · · · · ·	
Organization P-C Creek Consulting Organization P.O. Box, Bidg., Room No., if arry Street SSY Mahard D- Street City Twin Falls  ZIP Code + 4 8336   State ZIP Code + 4  4. Date fiscal year ends:  5. Type of person: a. Individual b. Partnership c. Corponition d. Other (Specify):  Name of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code): Name Modes Szostak Organization Trade Name, if any P.O. Box, Bidg., Room No., if any Street City William No. if any Name Name Name Name Name Name Name Name	^ · · ·	Name	
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Street City Twin Falls  ZiP Code + 4 8336   State ZiP Code + 4  A. Date Social year ends:  5. Type of person: a. Individual b. Partnership c. Corporation d. Other (Specify):  Nature of Agreement or Arrangement  8. Full name and address of employer with whom made (Include ZIP Code): Name North Szostak Organization  Date entered into:  9 / 9 / 6  8. Name of person(a) through whom made: Name Name Name Name Name Name Name Name	Ingunization Bock Cireel Consulting	Organization	
City Twin Falls  State ID ZIP Code +4 8336   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 Month Sostalk  Organization wolf green S  Trede Name, if any  P.O. Box, Bidg., Room No., if any  Street Lott with the Name  Name  Name  Name  Name  Name  Name  Name  Street Lott with the Name of person(a) through whom made:  Name  Na		P.O. Box, Bldg., Room No., if any	
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Name Marks 52.5 talk Organization wateress of employer with whom made (include ZIP Code):  7. Date entered into:  9/9/16  8. Name of person(a) through whom made:  Name P.O. Box, Bidg., Room No., if any Street 104 with the Marke Name City Deerfield  ZIP Code +4 (20015  Name Name State  III ZIP Code +4 (20015  Signatures  Signatures  Signatures  13. Signad  Alexandrian Correct, and congregate in this report (including true, correct, and congregate) pensities in the instructions.  14. Signad  President  Treasurer  (if other title, see instructions)  Treasurer  (if other title, see instructions)	Date fiscal year ends: 5. Type of person:		
6. Full name and address of employer with whom made (include ZIP Code):  Name Month Szostalk  Organization Wolfreen S  Trade Name, if any  P.O. Box, Bidg., Room No., if any  Street Lot wornst 2d WS#1416  Name  Name  Name  Name  State IL ZIP Code + 4 (60015  State Information contained in any eccompanying documents) has been examined by the signatory and is, to the best of the undersigned's involved and believe, correct, and companying documents) has been examined by the signatory and is, to the best of the undersigned's involved and believe true, correct, and companying documents) has been examined by the signatory and is, to the best of the undersigned's involved and believe true, correct, and companying documents has been examined by the signatory and is, to the best of the undersigned's involved and believe true, correct, and companying documents has been examined by the signatory and is, to the best of the undersigned's involved and believe true, correct, and companying documents has been examined by the signatory and is, to the best of the undersigned's involved and believe true, correct, and companying documents has been examined by the signatory and is, to the best of the undersigned's involved and believe true, correct, and correct and companying documents has been examined by the signatory and is, to the best of the undersigned's involved and true.  The President (if other title, see instructions)	) (2 /3 ( a. Individual b. Parts	sership c. Corporation d. Other (Specify):	
6. Full name and address of employer with whom made (include ZIP Code):  Name Month Szostalk  Organization wolgreens  Trade Name, if any  P.O. Box, Bidg., Room No., if any  Street Lott works 2d WS#1416  Name  Name  Name  Name  State IL ZIP Code + 4 (60015  Rignatures  Each of the undersigned declares, under penalty of perfury and other applicable penalties of tine, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatury and is, to the best of the undersigned's knowledge and believe, correct, and complete. (See Section VV on penalties in the instructions.)  13. Signed Alexandron  President (if other tite, see instructions)			
Name Months Scottack Organization watereas S. Name of person(s) through whom made:  Name P.O. Box, Bidg., Room No., if any Street Lott with not 2d MS#1416 Name Name Name Name Name Name Name Name			
Organization watereens  Trade Name, if any  P.O. Box, Bidg., Room No., if any  Street Lot with the Local MS#1416  State ID 2IP Code + 4 (2001)  Signatures  Each of the undersigned declares, under penalty of perfury and other applicable penalties of law, that all of the information submitted in this report (including the information consisted in any accompanying documents) has been examined by the signatury and is, to the best of the undersigned's knowledge and being true, correct, and complete. (See Section VIII on penalties in the instructions.)  13. Signed Alaman M. President (if other title, see instructions)  Treasurer (if other title, see instructions)	_	7. Date entered into: 9 / G / I /	
Trade Name, if any  P.O. Box, Bidg., Room No., if any  Street LOY Without 2d WS#1416  Name  Name	<u> </u>		
P.O. Box, Bidg., Room No., if any  Street 104 with the 2d MS#1416  Name  Name  State II ZIP Code + 4 60015  Rame  State II ZIP Code + 4 60015  Signatures  Each of the undersigned declares, under penalty of perfury and other applicable penalties of law, that all of the information submitted in this report (Including the information consisted in any eccompanying documents) has been examined by the signatury and is, to the best of the undersigned's knowledge and best true, correct, and complete. (See Section VV on penalties in the instructions.)  13. Signed Alexander (if other title, see instructions)  President 14. Signed Treasurer (if other title, see instructions)	3		
Street 104 Wilmst 2d MSTT416  Name  Name  Name  Name  State II ZIP Code + 4 (40015 Name  State II 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 signatury and is, to the best of the undersigned's knowledge and best true, correct, and complete. (See Section VII on penalties in the instructions.)  President  14. Signed  President  Treasurer  (if other title, see instructions)	• *		
State  State  ZIP Code + 4 (2001)  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 eccompanying documents) has been examined by the signatury and is, to the best of the undersigned's knowledge and best true, correct, and complete. (See Section VII on penalties in the instructions.)  President  14. Signed  President  Treasurer  (if other title, see instructions)	O. Box, Bidg., Room No., if any	Name	
State  ZIP Code +4 (gOO)  Signatures  Signatures  Each of the undersigned declares, under penalty of perfury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any ecompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and before, correct, and complete. (See Section VIV on penalties in the instructions.)  13. Signed  President  If other title, see instructions)  Treasurer  (if other title, see instructions)	need lou without ker 11	Name	
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true, correct, and complete. (See Section VV on penalties in the instructions.)  13. Signed President (if other title, see instructions)  Treasurer (if other title, see instructions)	<u> </u>		
	e, correct, and consider. (See Section VV on pensities in the instruction.)  Signed President (if other title, sinstructions)	14. Signed  Treasurer  (If other die, see instructions)	
on 11-1-14 762-494-8416 on		On	
Date Telephone Number Date Telephone Number 38		Date Telephone Number 387	

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Filer:	File Number C- 66/25
9. Check the appropriate box to indicate whether an object of the activities	undertaken, is directly or indirectly:
	ade employees as to the manner of exercising, the right to organize and bargain
<ul> <li>To supply an employer with information concerning the activities such employer, except information for use solely in conjunction to</li> </ul>	of employees or a tabor organization in connection with a labor dispute involving with an administrative or arbitral proceeding or a criminal or civil judicial proceeding
10. Terms and conditions (Explain in detail; see instructions. Written agreem	nents must be ettached.):
Rate plus expenses	
Specific Activities to be Performed	
Meetings	
1.b. Period during which performed:	11.c. Extent performed:
9-9-16- 9-28-16	Completed
1.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
	Name
rganization (RT)	Organization
.O. Box, Bidg., Room No., if army	P.O. Bax, Bidg., Room No., if any
LEEF (870 Cur 4 LC)	Street
w Broken Arrow	Cary
zie OK zip Code + 4 7 40 [[	State ZiP Code + 4
La. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All masshouse employees	
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