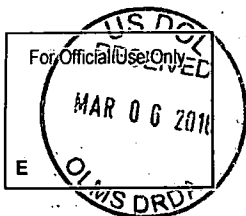


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



This report is mandatory under P.L. 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.

663809

1. File Number: C- 67333

Person Filing

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

Name [REDACTED]
Title [REDACTED]
Organization [REDACTED]
P.O. Box, Bldg., Room No., if any 120-177
Street 42020 Village Center Plaza
City Stone Ridge
State Virginia ZIP Code + 4 20105

3. Any other address where records necessary to verify this report are kept:

Name [REDACTED]
Title [REDACTED]
Organization [REDACTED]
P.O. Box, Bldg., Room No., if any [REDACTED]
Street [REDACTED]
City [REDACTED]
State [REDACTED] ZIP Code + 4 [REDACTED]

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify) [REDACTED]

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 [REDACTED]
P.O. Box, Bldg., Room No., if any 1
Street 2230 Edsel Lane
City Corydon
State Indiana ZIP Code + 4 47112

7. Date entered into:

[REDACTED] / [REDACTED] / [REDACTED]

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

Name [REDACTED]
Name [REDACTED]
Name [REDACTED]
Name [REDACTED]
Name [REDACTED]

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
(If other title, see
instructions)

14. Signed

Title

Treasurer
(If other title, see
instructions)

On

Date

Telephone Number

On

Date

Telephone Number

Filer:	File Number C-
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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: 11/01/17 - 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 Oklahoma 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: