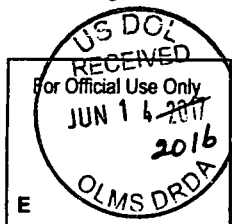


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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)

622415

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00767

Person Filing

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

Name Colleen J Williams
Title Owner
Organization Labor Relations Specialist, LLC
P.O. Box, Bldg., Room No., if any
Street 3941 E 63rd St So
City Derby
State Kansas ZIP Code + 4 67037

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 John Halladjian
Organization NASA Services Inc
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 1100 South Maple Avenue
City Montebella
State California ZIP Code + 4 90640

7. Date entered into:

5 / 10 / 2016

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

Name John Halladjian
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 Colleen J Williams
Title Sole Proprietor

President
(If other title, see
instructions)

14. Signed
Title

Treasurer
(If other title, see
instructions)

On 6/5/2016
Date

316-393-9055
Telephone Number

On
Date

Telephone Number

563

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.):

All services described in Section 11a. below shall be performed on a flat rate fee. Expenses in connection with the performance of such services will be included in this flat rate fee.

Specific Activities to be Performed

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

a. Nature of activity:

Inoculation meetings with employees (drivers & mechanics).

11.b. Period during which performed:

5/10/16 thru 5/13/16

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

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:

All full-time and part-time drivers and mechanics employed at the employer's Montebello location.

12.b. Identify subject labor organizations:

IBT Local 396