U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 1. File Number: C- 65880 | | | |
|--|-------------------------------------|---|--|
| | | | |
| Person Filing | | | |
| Name and mailing address (include ZIP Code): | | 3. Any other address where records necessary to verify this report are kept: | |
| Name Amed | Santana | Name | |
| Title President | | Title | |
| Organization Santana International Inc | | Organization | |
| P.O. Box, Bldg., Room No., if any | | P.O. Box, Bldg., Room No., if any | |
| Street 7049 Westwind Dr., Suite 6001 | | Street | |
| City El Paso | | City | |
| State Texas | ZIP Code + 4 79912 | State ZIP Code + 4 | |
| 4. Date fiscal year ends: | 5. Type of person: | | |
| Dec / 31 | 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): | | 7. Date entered into: | |
| Name r. | | 8 / 13 / 2018 | |
| Organization Advance Stores Company, Inc | | Name of person(s) through whom made: | |
| Trade Name, if any dba Advanced | Auto Parts | Name Ramsay McCullough | |
| P.O. Box, Bldg., Room No., if any | | Name | |
| Street 5008 Airport Road NW | | Name | |
| City Roanoke | | Name | |
| State VA | ZIP Code + 4 24012 | Name | |
| Signatures | | | |
| Each of the undersigned declares, under the information contained in any accompany true, correct, and complete. See Section 13. Signed Title President | panying documents) has been examine | penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed | |
| On 9/19/2018 Date | 915-215-3725 Telephone Number | On Date Telephone Number | |
| | | | |

| Filer:Santana International Inc | File Number C- 65880 | | |
|---|---|--|--|
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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. | | | |
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| 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 plus reasonable travel expenses. | | | |
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| 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. | | | |
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| | | | |
| 11.b. Period during which performed: | 11.c. Extent performed: | | |
| various days beginning 8/15/18 | 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 | | |
| State Oklahoma ZIP Code + 4 74011 | State ZIP Code + 4 | | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | | |
| General Warehouse Workers, Battery Room Utility Techs, Clerk II employees, Maintenance I. II, III employees, Forklift Technicians, Maintenance Team Leads, Service Workers, and Switchers | Laborers | | |
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