U.S. Desartment 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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00525				
Person Filing				
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:			
Name	Name			
Title	Title			
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			
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: - 10 / 7 / 2016			
Name _	, , ,			
Organization Swire Coca-Cola, USA	8. Name of person(s) through whom made:			
Trade Name, if any	Name Ginny Sorenson			
P.O. Box, Bldg., Room No., if any	Name			
Street 12634 South 265 West	Name			
City Draper	Name			
State UT ZIP Code + 4 84020	Name ·			
Signa	itures			
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete (See Section VII of penalties in the instructions.) 13. Signed President (If other title, see instructions)	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 Treasurer (If other title, see instructions)			
On 1/4/2017 918-455-9995 Date Telephone Number	On 1/4/2017 918-455-9995 Date Telephone Number /57			
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9. Check the appropriate box to i	ndicate whether an object	t of the activities undert	aken, is directly or ind	irectly:	
a. To persuade employee collectively through re	es to exercise or not to exe presentatives of their own	ercise, or persuade em n choosing.	ployees as to the man	ner of exercising, the r	ight to organize and bargain
b. To supply an employer such employer, excep	with information concernition to the solely	ing the activities of emp y in conjunction with an	oloyees or a labor orga administrative or arbi	anization in connection itral proceeding or a cri	with a labor dispute involving minal or civil judicial proceeding.
		<u> </u>			
10. Terms and conditions (Explai	n in detail; see instructions	s. Written agreements r	nust be attached.):		
Verbal agreement. \$3,	000 per day per cor	nsultant plus rea	sonable travel e	xpenses.	
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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.

11.b. Period during which performed:	11.c. Extent performed:	11.c. Extent performed:			
various days beginning 10/9/16	Fully Performed	Fully Performed			
11.d. Name and address through whom performed:	Additional Name and address through	Additional Name and address through whom performed, if any:			
Name Carlos Flores	Name Gustavo	Flores			
Organization C&C Consultant	Organization GNE Consulting Services Inc				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 30000 Avenida Cima Del Sol	Street 10850 Church St #E102	Street 10850 Church St #E102			
City Temecula	City Rancho Cucamonga	City Rancho Cucamonga			
State CA ZIP Code + 4 92591	State CA	ZIP Code + 4 91730			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organiza	tions:			
All Transportation Forklift Operators, Transport Drivers, Warehouse Forklift Operators, Warehouse General Plant Employees And Checkers	Teamsters	•			
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