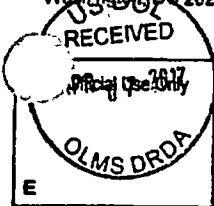


59

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



Advanced
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. 88-257, 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.

648434

1. File Number: C- 66125

Person Filing

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

Name *Rebecca Smith*

Title *owner*

Organization *Rock Creek Consulting, LLC*

P.O. Box, Bldg., Room No., if any

Street *554 Mohand Dr*

City *Twin Falls*

State *ID*

ZIP Code + 4 *83301*

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:

12/31

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 *Phil Wilson*

Organization *HRI*

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

*7850 Elm Place
STE E*

Broken arrow

OK

ZIP Code + 4 *74011*

7. Date entered into:

7/25/16

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

Name

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

[Signature]
Title *President*

President
(If other title, see
instructions)

14. Signed

[Signature]
Title *Treasurer*

Treasurer
(If other title, see
instructions)

On

9-1-16

Date

202-494-8416

Telephone Number

On

Date

Telephone Number

380

Filer:

File Number C- 66125

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

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.):

daily rate & expenses

Specific Activities to be Performed

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

a. Nature of activity:

meetings and one on one

11.b. Period during which performed:

7-25-16 - 8-11-16

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Kelly Rooney
Organization Advanced Disposal
P.O. Box, Bldg., Room No., if any
Street 10599 W. Five Mile Rd
City Northville
State MI ZIP Code + 4 48168

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:

Equipment Operators
& Mechanics

12.b. Identify subject labor organizations:

Operating Engineers