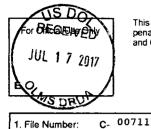
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

(LMRDA) (552) 985

<del></del>		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name Nancy Jowske	Name	
Title sole Proprietor	Title	
Organization Jowske Consulting	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 4435 Cornwell	Street	
City Whitmore lake	City	
State Michigan ZIP Code + 4 48189	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec / 31 a. Individual b. Partnership	c. Corporation d. X Other (Specify):	
Nature of Agreement or Arrangement		
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 7 / 1 / 16	
Name Marty Stostak	7 / 1 / 16	
Organization Walgreen Company	8. Name of person(s) through whom made:	
Trade Name, if any	Name Marty Stostak	
P.O. Box, Bldg., Room No., if any 1416	Name	
Street 104 Wilmot Rd	Name	
On Descripted	Name	
State Illinois ZIP Code + 4 60015	Name	
Sian	phiroc	
Title (See Section VII on penalties in the instructions.)	e penalties of law, that all of the information submitted in this report (including and by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed  Treasurer (If other title, see instructions)	
7)1117 734 478 5155	Chr	
Lizznone Number	Date Telephone Number	

Filer:	JOWSKE	
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Э.	Check the appropriate i	box to indicate whether:	in object of the activities	s undertaken, is directiv	or incita

h 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 procedure.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Agreement to provide consultation and assessment to management about employees exercising their right bargain collectively. Terms \$1500. per day plus expense.

Specific Activities to be Performance			
11. For each activity, separately list in detail the information required (See in a. Nature of activity.  Education of employees on their rights to barga	,		
11.b. Period during which performed: 7/1/16	11.c. Extent performed: completed		
11.d. Name and address through whom performed:	Additional Name and address throu		
Name	Name		
Organization LRI Consulting Services	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 7850 South Elm	Street		
City Broken Arrow	City		
State Oklahoma ZIP Code + 4 74011	State	ZIP Code + 4	
12.a. Identify subject groups of employees: store employees	12.b. Identify subject labor organiza	ations:	