

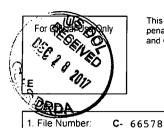
Amenided 11/28/17

3. Any other address where records necessary to verify this report are kept:

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 08-31-2016



Person Filing

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

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.

659134

Title Organization Sparta, Inc Organization Sparta, Inc P.O. Box, Bldg., Room No., if any Street 8086 South Yale Ave suite 225 City Trulsa State Oklahoma ZIP Code +4 74136 State ZIP Code +4 74 Date state ZIP Code +	Name				Name		
P.O. Box, Bldg., Room No., if any Street 8086 South Yale Ave suite 225 City Tulsa City State Oklahoma ZIP Code + 4 74136 State Corporation d Cother (Specify): Nature of Agreement or Arrangement Full name and address of employer with whom made (include ZIP Code): Name Crganization Absolute Care Trade Name, if any P.O. Box, Bldg., Room No., if any Street 300 Gleed Ave City East Aurora State New York ZIP Code + 4 14052 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 VI on penalties in the instructions.) 13. Signed Treasurer (If other title, see instructions) Title Treasurer Treasurer (If other title, see instructions)	Title				Title		
Street 8086 South Yale Ave suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136 State ZIP Code + 4 74136 State ZIP Code + 4 74136 State ZIP Code + 4 4. Date fiscal year ends: Dec	Organizatio	on Sparta, Inc			Organizatio	on	
City Tulsa State Oklahoma ZIP Code + 4 74136 State ZIP Code + 4 74136 State ZIP Code + 4 74136 State ZIP Code + 4 A. Date fiscal year ends: Dec / 31	P.O. Box,	Bldg., Room No., if ar	ıy _e		P.O. Box, I	Bldg., Room No., if a	ny
State Oklahoma ZIP Code + 4 74136 State ZIP Code + 4 74136 State ZIP Code + 4 ZI	Street 808	86 South Yale A	Ave suite 225		Street		
4. Date fiscal year ends: Dec	City Tul:	sa			City		
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6. Full name and address of employer with whom made (include ZIP Code): Name Organization Absolute Care Trade Name, if any P.O. Box, Bldg., Room No., if any Street 300 Gleed Ave City East Aurora Stale New York ZIP Code + 4 14052 Name Signatures Each of the undersigned declares, under penalty of perjury and other 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) Title On 10/9/2017 800-555-7509 7. Date entered into: 10 / 3 / 2017 8. Name of person(s) through whom made. Name Name Name Name Name Signatures Fignatures Treasurer (if other title, see instructions) 14. Signed Treasurer Treasurer (if other title, see instructions)		•					
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Title Treasurer On 10/9/2017 800-555-7509 On 10/9/2017 800-555-7509	13. Signed			(If other title, see	14. Signed		(If other title, see
	Title	Fresident		matructions)	Title	Treasurer	instructions)
				(
Date Telephone Number Date Telephone Number	On	10/9/2017	800-555-7509		On	10/9/2017	800-555-7509
		Date	Telephone Number	•		Date	Telephone Number

Filer:	Sparta, Inc	File Number C-	66578

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. Te	erms and	conditions	(Explain in detai	l; see instructions.	Written	agreements	must be	attached.)
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A fee is a hourly rate per Consultant per calender day worked plus travel days and expenses.

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 with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.

11.b. Period during which performed:	11.c. Extent performed:
Beginning on or about 10/3/2017	Ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Zak Langren	Name Natasha Gordon
Organization LANGREN LABOR RELATIONS	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 14520 W. Mockingbird Ln	Street 1454 North Road
City Sand Springs	City Snellville
State Oklahoma ZIP Code + 4 74063	State Georgia ZIP Code + 4 30039
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees eligible to vote in the bargaining unit	Unknown
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Form LM-20 (2003)