

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

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1. File Number: C- 66578

Person Filing


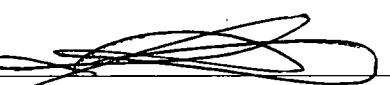
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name		Name	
Title		Title	
Organization Sparta, Inc		Organization	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street 8086 South Yale Ave suite 225		Street	
City Tulsa		City	
State Oklahoma		State	
ZIP Code + 4 74136		ZIP Code + 4	
4. Date fiscal year ends: Dec / 31		5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify):	

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 9 / 18 / 2017	
Name		8. Name of person(s) through whom made:	
Organization Corydon Pain Management		Name Renee Tornatore	
Trade Name, if any		Name	
P.O. Box, Bldg., Room No., if any		Name	
Street 2230 Edsel La Stel		Name	
City Corydon		Name	
State Indiana		ZIP Code + 4 47112	

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 	President (If other title, see instructions)	14. Signed 	Treasurer (If other title, see instructions)
Title President		Title Treasurer	
On 10/9/2017	800-555-7509	On 10/9/2017	800-555-7509
Date	Telephone Number	Date	Telephone Number

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

A fee for a daily rate per Consultant per calendar 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 regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Beginning on or about 9/18/2017

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Zak Langren

Organization LANGREN LABOR RELATIONS

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

Street 14520 W. Mockingbird Ln

City Sand Springs

State Oklahoma ZIP Code + 4 74063

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:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

Unknown