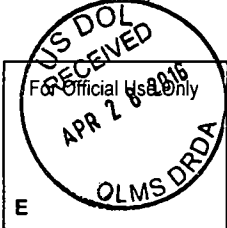


# FORM LM-20

## 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)

618924

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00525

### Person Filing

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

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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:

Dec / 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

Organization Quest Diagnostics

Trade Name, if any

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

Street 8401 Fallbrook Avenue

City West Hills

State CA

ZIP Code + 4 91304

7. Date entered into:

2 / 12 / 2016

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

Name Ribka

Fox

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

President  
(If other title, see  
instructions)

Title CEO

14. Signed

Treasurer  
(If other title, see  
instructions)

Title President

On 4/20/2016

Date

918-455-9995

Telephone Number

On 4/20/2016

Date

918-455-9995

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.):

Verbal agreement. \$3,000 per day per consultant plus reasonable travel 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 to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 2/15/16

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Eric Vanetti

Organization Vantage Point Alliance

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

Street 18632 River Crossing Blvd

City Davidson

State North Carolina ZIP Code + 4 28036

Additional Name and address through whom performed, if any:

Name Amed Santana

Organization Santana International Inc

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

Street 5908 Via Cuesta Dr

City El Paso

State Texas ZIP Code + 4 79912

12.a. Identify subject groups of employees:

Patient Service Representatives I, II, III, And IV,  
Site Leads, Floats, And Group Leads

12.b. Identify subject labor organizations:

Food & Commercial Workers

**Specific Activities to be Performed (Continuation Page)**

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.d. Name and address through whom performed:

Name Joseph Brock

Organization East Coast Labor Relations LLC

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

Street 151 Forge Road

City Delran

State NJ ZIP Code + 4 08075

Additional Name and address through whom performed, if any:

Name Khanh Tran

Organization

P.O. Box, Bldg., Room No., if any PO Box 1501

Street

City Lake Forest

State California ZIP Code + 4 92609

Additional Name and address through whom performed, if any:

Name Kevin Healy

Organization Healy Consulting LLC

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

Street 11015 West Loma Lane

City Peoria

State Arizona ZIP Code + 4 85345

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:

Patient Service Representatives I, II, III, And IV,  
Site Leads, Floats, And Group Leads

12.b. Identify subject labor organizations:

Food &amp; Commercial Workers