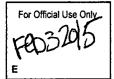
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65802	
Person Filing	
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 International Labor Relations	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 ZIP Code + 4 74136	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 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):	7. Date entered into: 8 / 4 / 2014
Name	•
Organization Labcorp	Name of person(s) through whom made:
Trade Name, if any	Name Drew Chakeras
P.O. Box, Bldg., Room No., if any	Name
Street 531 South Spring Street	Name
City Burlington	Name
State North Carolina ZIP Code + 4 27215	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.)	
President (If other title, see instructions)	Treasurer (If other title, see instructions)
Title President	Title Treasurer
On 09/01/2014 800-555-7509	On 09/01/2014 800-555-7509
Date Telephone Number	Date Telephone Number

Filer: International Labor Relations	File Number C- 65802	
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.):		
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 8/4/2014	Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Simon Jara	Name Simon Estevan	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 10380 Rochelle Ave	Street 10380 Rochelle Ave	
City Santee	City Santee	
State California ZIP Code + 4 92071	State California ZIP Code + 4 92071	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All employees eligible to vote in the bargaining unit	SEIU	