

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.

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URU	•
1. File Number: C- 67257	·
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Joseph Brock	Name
Title President	Title
Organization Reliant Labor Consultants	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 10108 Fehlberg Court	Street
City Saint John	City
State Indiana ZIP Code + 4 46373	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 18 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 ZIF	
Name Seth Young	7 / 16 / 2018
Organization Amerinox Processing, Inc	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 2201 Mount Ephraim Ave	Name
City Camden	Name
State New Jersey ZIP Code + 4 0810	Name
	Signatures
the information contained in any accompanying documents) has be true, correct, and complete. (See Section VII on penalties in the instance of	ident 14. Signed Treasurer her title, see (If other title, see instructions)
On Date Telephone Number	Title Treasurer On Date Telephone Number

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	Filer: Joseph Brock	Reliant Labor Consultants	

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Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

Hold meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to support a union. Pre-petition

11.b. Period during which performed:	11.c. Extent performed:	
7/16/2018 to ongoing	ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Byron Clay	Name	
Organization BJC & Associates	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any Street	
Street 10108 Fehlberg Ct		
City St John	City	
State Indiana ZIP Code + 4 46373	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Production and maintenance workers	Sheet metal workers union	

Form LM-20 (2003)