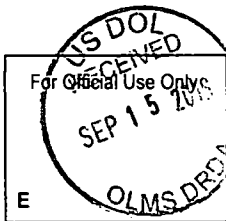


FORM LM-20

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.

626567

1. File Number: C-00488

Person Filing

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

Name: Matt Perovic
Title: President
Organization: Quantum Consulting
P.O. Box, Bldg., Room No., if any:
Street: 10917 Kilpatrick
City: Oak Lawn
State: Illinois ZIP Code + 4: 60453

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: Paul Kleppetsch
Organization: ITS Technologies & Logistics, LLC
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street: 8200 W 185th Street-Suite A
City: Tinley Park
State: Illinois ZIP Code + 4: 60453

7. Date entered into:

8 / 4 / 2016

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

Name:
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: President

14. Signed

Title: Treasurer

Treasurer
(If other title, see instructions)

On: 09/04/2016

Date

708-423-7786

Telephone Number

On:

Date

Telephone Number

672

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.):

\$300.00 per/hour for all hours worked + incurred expenses

Specific Activities to be Performed

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

a. Nature of activity:

To persuade employees to exercise or not to exercise their right to choose or not to choose representation for the purposes of collective bargaining.

11.b. Period during which performed:

August, 2016

11.c. Extent performed:

Various employee meetings

11.d. Name and address through whom performed:

Name See #2 above ☐

Organization

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

Street

City

State ZIP Code + 4

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:

Power Mechanics

12.b. Identify subject labor organizations:

IUOE Local 150