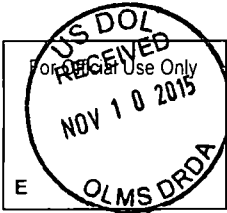


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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)

600710

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 Laboratory Corporation of America

Trade Name, if any

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

Street 531 South Spring Street

City Burlington

State NC ZIP Code + 4 27215

7. Date entered into:

8 / 3 / 2015

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

Name Drew Chakeres

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 10/28/2015 918-455-9995

Date Telephone Number

On 10/28/2015 918-455-9995

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.):

See 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 to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 8/5/15

11.c. Extent performed:

Fully 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 Patrick O'Mara

Organization OMara & Associates LLC

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

Street 6 Drakewood Lane

City Novato

State CA ZIP Code + 4 94947

12.a. Identify subject groups of employees:

various medical lab employees

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 Evelyn Fragoso

Organization Quality Labor Relations Inst Inc

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

Street 2700 Courtleigh Drive

City Bakersfield

State CA ZIP Code + 4 93309

Additional Name and address through whom performed, if any:

Name William Herrera

Organization

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

Street 9427 Reston Grove Lane

City Houston

State TX ZIP Code + 4 77095

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

Additional Name and address through whom performed, if any:

Name Mark Lema

Organization Lema & Associates

P.O. Box, Bldg., Room No., if any Po Box 129

Street

City Burlington

State New Jersey ZIP Code + 4 08016

12.a. Identify subject groups of employees:

various medical lab employees

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): <div style="margin-left: 20px;"> a. Nature of activity: Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. </div>	
11.b. Period during which performed:	11.c. Extent performed:
11.d. Name and address through whom performed: <div style="margin-left: 20px;"> Name Johan Pena Organization P.O. Box, Bldg., Room No., if any Street 261 NW 57th Ave #1 City Miami State Florida ZIP Code + 4 33126 </div>	Additional Name and address through whom performed, if any: <div style="margin-left: 20px;"> Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 </div>
Additional Name and address through whom performed, if any: <div style="margin-left: 20px;"> Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 </div>	Additional Name and address through whom performed, if any: <div style="margin-left: 20px;"> Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 </div>
12.a. Identify subject groups of employees: <div style="margin-left: 20px;"> various medical lab employees </div>	12.b. Identify subject labor organizations: <div style="margin-left: 20px;"> Food & Commercial Workers </div>



Proposal

August 19, 2015

Drew Chakeres
Vice President, Employment Law
Laboratory Corporation of America Holdings
531 S. Spring Street
Burlington, NC 27215

336-436-5071
chakera@labcorp.com

RE: Pre-Petition Campaign Consulting

Situation Assessment

You want to provide a subject matter expert to educate and prepare your employees for union organizing activity. You want employees to understand that union cards are legal documents, that they need to protect their personal information and some of the common misunderstandings employees have about unions.

Proposed Intervention(s)

Pre-petition Campaign Consulting: For this option we will provide a senior LRI consultant to communicate your message directly to employees, to answer their questions accurately and assess your vulnerability during small group meetings.

Objectives

- Train employees on the facts about union cards, common tactics used to get employees to sign cards and the facts to consider before signing a union card.
- Provide a credible subject matter expert who immediately increases your capacity to legally and persuasively respond to potential union organizing activity.
- Assess the organizing union's progress and your vulnerability to determine the level of risk to your direct relationship with employees.
- Prevent NLRB petitions.

Value to Organization

- You substantially reduce your company's vulnerability to union organizing and become a "hard target" by making it difficult for an organizer to get cards signed using typical tactics.
- You will better understand your level of risk and make better decisions about responding to union organizing.
- You will better understand your employees' issues and your opportunities to improve employee relations and retain the direct relationship privilege.

Terms and Conditions

The fee for consulting services is \$375 per hour per consultant (plus travel expenses). Travel expenses include reasonable and necessary airfare (airfare excludes first class), car rental, hotel, parking, tolls, taxis, shuttles, and meals (meals are not to exceed \$46 per day).





LRI Consulting Services, Inc.

phone 800-888-9115
fax 918-455-9998

www.LRIonline.com

Payment Terms

All fees are due upon the delivery of the consulting services and are nonrefundable. Consulting fees and expenses incurred by consultant will be billed to you and you agree to pay those invoices upon receipt and to settle those statements within 30 days. You agree and acknowledge that failure to pay fees or expenses associated with this project under these terms will result in reassignment of consultant(s), a penalty of the maximum allowable interest rate per month plus any costs we incur to collect an outstanding balance, until all outstanding invoices are paid in full.

It is further understood that all materials included in or with the above referenced items or programs are fully covered and protected by federal copyright laws. Federal law provides civil and criminal penalties for the unauthorized reproduction, distribution or exhibition of protected products.

You further acknowledge that no representation by LRI or its representatives were relied on by you or any member of your company in entering this agreement, and that this document represents the full understanding of the parties. You also acknowledge and agree that we have informed you of the obligation to report any direct persuader activity performed on your behalf to the United States Department of Labor by both our firm and your firm and that failure to timely file these reports can subject your company to criminal penalties. Your payment, in the absence of your signature below, indicates your acceptance of this project and the terms and conditions as stated herein. The terms and conditions on this proposal are good for 90 days from the date on this proposal unless specified otherwise. The parties agree that Oklahoma law governs any dispute between them and to resolve any disputes by arbitration in Tulsa, Oklahoma under the American Arbitration Association rules.

Acceptance

We accept the proposal above and the intervention selected:

_____ Pre-petition Campaign Consulting

For LRI Consulting Services, Inc.

Phillip B. Wilson, President/General Counsel

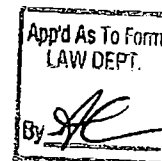
Date: August 19, 2015

For Laboratory Corporation of America Holdings

~~Drew Chakeres, Vice President, Employment Law~~

Date: _____

SANDRA Vander Vaart
S.V.P. Labcorp.



Page 2 of 2 (Initial _____)

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Forbes



Labor Relations Institute, Inc.

7850 S. Elm Place - Suite E
Broken Arrow, OK 74011