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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

For Official Use Only

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12-29-16

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.

648411

1. File Number: c-66125

Person Filing

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

Name Rebecca Smith

Title Owner

Organization Rock Creek Consulting LLC

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

Street 554 Mahard Dr

City Twin Falls

State Idaho

ZIP Code + 4 83301

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. X Corporation d. Other (Specify):

...re of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Drew Chakeres

Organization Laboratory Corp of America

Trade Name, if any LabCorp

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

Street 531 South Spring St.

City Burlington

State NC   ZIP Code + 4 27215

7. Date entered into: 3 / 20 / 16

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

Name

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

On 5-16-16   Telephone Number 702-494-8416

Date

14. Signed _____ Treasurer (If other title, see instructions)

Title _____

On _____

Date   Telephone Number

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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.):

Flat daily rate plus expenses

Specific Activities to be Performed

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

a. Nature of activity: Pre petition   NLRA education

11.b. Period during which performed: 3-22-16 — 3-24-16

11.c. Extent performed: Fully

11.d. Name and address through whom performed:

Name Phil Wilson

Organization LRI

P.O. Box, Bldg., Room No., if any STE-E

Street 7850 S. Elm Place

City Broken Arrow

State OK   ZIP Code + 4 74011

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:

Various employees

12.b. Identify subject labor organizations:

pre petition