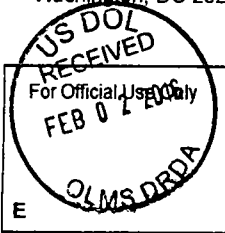


AGREEMENT AND ACTIVITIES REPORT



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)

604479

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 603

Person Filing

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

Name Joseph Brock

Title President

Organization East Coast Labor Relations, Llc

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

Street 151 Forge Rd

City Delran

State New Jersey

ZIP Code + 4 08075

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 LabCorp

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

Street 531 S. Spring St

City Burlington

State North Carolina

ZIP Code + 4 27215

7. Date entered into:

08 / 03 / 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

Title President

President
(If other title, see
instructions)

14. Signed

Title d

Treasurer
(If other title, see
instructions)

On 1/10/16

Date

215-840-2088

Telephone Number

On

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.):

Verbal agreement at 250.00 per hour plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Give speeches to employees regarding their rights to organize and collectively bargain.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>11.b. Period during which performed: various days beginning 8/15/2015</p> | <p>11.c. Extent performed: fully performed</p> |
| <p>11.d. Name and address through whom performed:</p> <p>Name</p> <p>Organization Labor Relations Institute, Inc</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 7850 S. Elm Place</p> <p>City Broken Arrow</p> <p>State Oklahoma ZIP Code + 4 74013</p> | <p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> |
| <p>12.a. Identify subject groups of employees: various medical lab employees</p> | <p>12.b. Identify subject labor organizations: Food and commercial workers</p> |