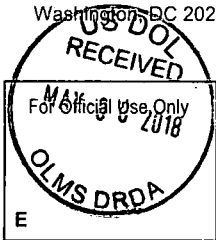


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

676784

1. File Number: c- 68054

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Benjamin Johnson	3. Any other address where records necessary to verify this report are kept:
Title Owner	Name
Organization Progressive Labor Solutions	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 55 Biggs Street	P.O. Box, Bldg., Room No., if any
City Barre	Street
State VT ZIP Code + 4 05641	City
4. Date fiscal year ends: Dec / 31	State ZIP Code + 4
5. Type of person:	
a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	7. Date entered into: 10 / 10 / 2017
Organization Goodman Networks, Inc.	8. Name of person(s) through whom made:
Trade Name, if any	Name Anthony Rao
P.O. Box, Bldg., Room No., if any	Name
Street 2801 Network Boulevard, Suite 300	Name
City Frisco	Name
State TX ZIP Code + 4 75034	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)	14. Signed _____	Treasurer (If other title, see instructions)
Title Owner		Title _____	
On 12/29/2017	On _____	Date _____	Date _____
Date	Telephone Number _____	Telephone Number _____	

Filer: Progressive Labor Solutions

File Number C- 68054

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 made through LRI Consulting Services, Inc. \$1,500 per day plus reasonable travel expenses.

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 10/12/17

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Phillip B Wilson

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

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:

Field Technicians

12.b. Identify subject labor organizations:

Electrical Workers