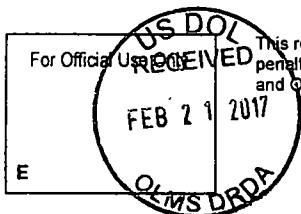


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

636794

1. File Number: C-106738

Person Filing William T. Herrera	
2. Name and mailing address (include ZIP Code):	
Name	Name
Title	Title
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street	Street
City	City
State	State
ZIP Code + 4	ZIP Code + 4
4. Date fiscal year ends:	5. Type of person:
12/31 / 2016	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	Name
Organization	Organization
Trade Name, if any	Trade Name, if any
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street	Street
City	City
State	State
ZIP Code + 4	ZIP Code + 4
7. Date entered into:	
2/24 / 2016	
8. Name of person(s) through whom made:	
Name	Name
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 [Signature] President
(If other title, see instructions)
Title President

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

On 4/20/2016
Date Telephone Number _____

On _____
Date Telephone Number _____

Management Rights Clause

Management will have the right..

- The right to determine, modify and implement new methods, means and personnel by which patrol work is conducted, including the right to contract and subcontract existing and future work.
- The right to direct and appropriately size the working forces, including the right to fire or discipline, hire, rehire, promote or transfer any Patroller.
- The right to schedule and assign work to be performed and the right to modify or change work schedules.
- The right to relieve Patrollers from duties because of lack of work including the reduction or adjustment of Patrollers' hours (e.g., in the case of no snow, other unexpected weather conditions or if business volume declines).

Mark 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.):

N/A

Specific Activities to be Performed

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

a. Nature of activity:

Various employees Meetings
Pre-Petition

11.b. Period during which performed:

2/17 + 2/18/2016

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization

LRI

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

1529

Street

City

Broken Arrow

State

OK

ZIP Code + 4 74613

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:

Clerks

12.b. Identify subject labor organizations:

?



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