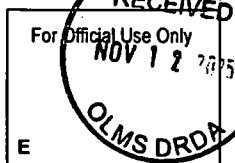


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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)

658804

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

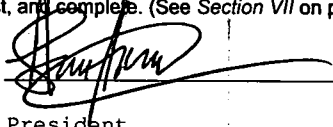
1. File Number: C- 65880

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Amed D Santana	3. Any other address where records necessary to verify this report are kept:
Title President	Name
Organization Santana International, Inc	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 1810 George Dieter Dr	P.O. Box, Bldg., Room No., if any
City El Paso	Street
State Texas	City
ZIP Code + 4 79936	State
4. Date fiscal year ends: Dec / 15	
5. Type of person:	
a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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 Drew Chakeres	7. Date entered into: 8 / 3 / 2015
Organization Laboratory Corporation of America	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 531 S. Spring Street	Name
City Burlington	Name
State North Carolina	Name
ZIP Code + 4 27215	

## 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  
Title President  
(If other title, see instructions)

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

On 11/06/2015 915-215-3725  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

Filer: Amed Santana      Santana International, Inc	File Number C-
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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.):

To provide direct employee education regarding employee's section 7 rights under the NLRA

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: Educational Meeting with employees regarding their section 7 rights under the NLRA	
11.b. Period during which performed: various days beginning 8/5/2015	11.c. Extent performed: Completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Philip Wilson	Name
Organization LRI Consulting Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 South Elm Place, Suite E	Street
City Broken Arrow	City
State Oklahoma      ZIP Code + 4 74011	State      ZIP Code + 4
12.a. Identify subject groups of employees: Medical Lab employees	12.b. Identify subject labor organizations: UFCW