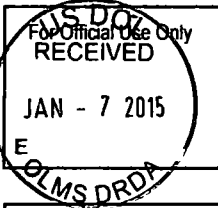


# FORM LM-20

## 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)

574744

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-66125

### Person Filing

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

Name Rebecca M Smith  
Title Consultant  
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. ☒ Corporation d. ☐ Other (Specify):

### Nature of Agreement or Arrangement

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

Name John Edwards  
Organization Alta Bicycle Share  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 5302 3rd Avenue  
City Brooklyn  
State New York ZIP Code + 4 11120

7. Date entered into:

11 / 19 / 2014

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

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

Title President

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 12/23/14 702-494-8416  
Date Telephone Number

On  
Date Telephone Number

Filer: Rebecca Smith ~~Taites Consulting, Inc~~

File Number C-

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.):

wage plus expenses

**Specific Activities to be Performed**

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

a. Nature of activity:

Meet with employees

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name  Phil  Wilson

Name

Organization  LRI

Organization

P.O. Box, Bldg., Room No., if any  1529

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

Street  7850 South Elm Place

Street

City  Broken Arrow

City

State  Oklahoma ZIP Code + 4  74013

State  ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations:

Various workers within the Bicycle rental facility in Boston

TWU