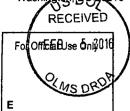
## U.S. Department of Labor Office of Labor-Management Standards Washington, D \$20210

## 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 Diselosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number: C- 66578  |  |
|---|--|
| Person Filing   |  |
| 2. Name and mailing address (include ZIP Code):   | 3. Any other address where records necessary to verify this report are kept: |
| Name  | Name   |
| Title   | Title  |
| Organization Sparta   | Organization   |
| P.O. Box, Bldg., Room No., if any   | P.O. Box, Bldg., Room No., if any  |
| Street 8086 South Yale Ave suite 225  | Street   |
| City Tulsa  | City   |
| State Oklahoma ZIP Code + 4 74136   | State ZIP Code + 4   |
| 4. Date fiscal year ends: 5. Type of person:  |  |
| Dec / 31 a. Individual b. Partnership   | o c. Corporation d X Other (Specify):  |
|   |  |
| Nature of Agreement or Arrangement  |  |
| 6. Full name and address of employer with whom made (include ZIP Code):   | 7. Date entered into: 9 / 21 / 2015  |
| Name  | 8. Name of person(s) through whom made:                                      |
| Organization Summit Inspections   |  |
| Trade Name, if any  | Name Larry Rogero  |
| P.O. Box, Bldg., Room No., if any   | Name   |
| Street 2064 Alameda Padre Serra   | Name   |
| City Santa Barbara  | Name   |
| State California ZIP Code + 4 93103   | 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   | Treasurer (If other title, see   |
| Title President instructions)   | Title Treasurer instructions)  |
|   |  |
| On 12/16/2015 800-555-7509  | On 12/16/2015 800-555-7509   |
| Date Telephone Number   | Date Telephone Number  |

| Filer: Sparta  | File Number C- 66578  |  |
|--|---|--|
|  |   |  |
| 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.):  |   |  |
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|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| 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 with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| 11.b. Period during which performed:   | 11.c. Extent performed:                                     |  |
| Beginning on or about 10/02/2015   | Ongoing   |  |
| 11.d. Name and address through whom performed:   | Additional Name and address through whom performed, if any: |  |
| Name   | Name  |  |
| Organization   | Organization.   |  |
| P.O. Box, Bldg., Room No., if any  | P.O. Box, Bldg., Room No., if any                           |  |
| Street   | Street  |  |
| City   | City  |  |
| State ZIP Code + 4   | State ZIP Code + 4  |  |
|  |   |  |
| 12.a. Identify subject groups of employees:  | 12.b. Identify subject labor organizations:                 |  |
| All employees eligible to vote in the bargaining unit  |   |  |
|  |   |  |
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