U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

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



1. File Number.

Person Filing

67817

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

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)

659820 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Any other address where records necessary to verify this report are kept:

Title Organization 5 Clover P.O. Box, Bidg., Room No., if any p.O. Box 17782 P.O. Box, Bidg., Room No., if any Street City Philadelphia Street City Philadelphia Street City Philadelphia Stree Fennsylvania ZiP Code + 4 19135 State ZiP Code + 4 4. Data fiscal year ends: Dec	Name		Name			
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State Pennsylvania ZIP Code + 4 19135 State ZIP Code + 4 4. Date fiscal year ends: Dec / 31 a Individual b Partnership c C Corporation d Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Organization Biery Cheese Trade Name, if any P.O. Box, Bidg., Room No., if any Sureet 6544 Paris Ave, NE City Loisville State Ohio ZIP Code + 4 44641 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 true, correct, and complete. Thee Section VII on penalties in the instructions.) 13. Signature Title President Title Treasurer It assured Treasurer It assured Treasurer It code + 4 It assured Treasurer It assured Treasurer It code + 4 It assured It assured Treasurer It code + 4 It assured It assur	Street		Street			
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Street 6544 Paris Ave, NE City Loisville State Ohio ZIP Code + 4 44641 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 bast of the undersigned's knowledge and belief, true, correct, and complete. Bee Section VII on penalties in the instructions.) 13. Signed President (If other title, see instructions) Title Treasurer (If other title, see instructions) On December 1845 On On	Trade Name, if any		Name Barb	Sch	neetz	
City Loisville State Ohio ZIP Code + 4 44641 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 true, correct, and complete: 19ee Section VII on penalties in the instructions.) 13. Signed President (If other title, see instructions) Title President Treasurer (If other title, see instructions) On Accumation On On	P.O. Box, Bldg., Room No., if any	Name				
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Date Taleprote Name	on Bel 27 Der Sep	65.8G	rige		Telephone Number	
1.44.45.(44.45)	iom (M-20 (2003)					

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Check the appropriate box to indicate whether an object of the activities under	taken, 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.):					
The fee for a day rate per consultant is \$375 per hour worked by each consultant x 10 days plus travel expenses .						
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Specific Activities to be Performed	······································	·				
11. For each activity, separately list in detail the information required (See instruct	ions):					
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 11/30/2016 11.d. Name and address through whom performed:	Ongoing	s through whom performed, if any:				
Name	Name	ş unough whom penonned, il any.				
Organization Sparta, Inc	Organization					
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No.,	if any				
Street 8086 S. Yale Ave # 225	Street					
City Tulsa	City					
State Oklahoma ZIP Code + 4 74136	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	Unknown					
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