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



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.

657458

1. File Number: C-	57782		
Person Filing			
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name Zak D Langren  Title  Organization Langren Labor Relations		Name	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street 14520 W. Mockingbird Ln		Street	
City Sand Springs		City	
State Oklahoma	ZIP Code + 4 74063	State ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:		
Dec / 31	a. X 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):		7. Date entered into: 6 / 1 / 2016	
Name		O Name of a second Albaniah juham mada:	
Organization Mission Foods		8. Name of person(s) through whom made:	
Trade Name, if any		Name David Salazar	
P.O. Box, Bldg., Room No., if any		Name	
Street 4000 Dan Morton Dr. # 100		Name	
City Dallas		Name	
State Texas ZIP Code + 4 75236		Name	
	Signa	ntures	
Each of the undersigned declares, under the information contained in any accommendation correct, and complete. (See Section 13. Signed President	er penalty of perjury and other applicable	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed  Treasurer (If other title, see instructions)	
On 10/01/2017	Telephone Number	On 10/01/2017  Date Telephone Number	

, Pm	
Filer. Zak Langren Langren Labor Relations	File Number <b>C</b> - 67782
9. Check the appropriate box to indicate whether an object of the activities undertained to the activities of the activities undertained to the activities of the activities o	
a. X To persuade employees to exercise or not to exercise, or persuade em collectively through representatives of their own choosing.	
b. To supply an employer with information concerning the activities of employer, except information for use solely in conjunction with an	ployees or a labor organization in connection with a labor dispute involving a 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 h	our worked by each consultant plus travel days .
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruction	ions):
Engaged to communicate with employees so they can metheir rights to organize and bargin collectively.	make an informed decision reguarding exercising
11.b. Period during which performed:	11.c. Extent performed:
Beginning on or about 01/16/17	06/23/17
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
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	Unknown
unit	
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