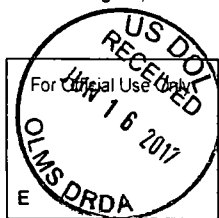


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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.

649954

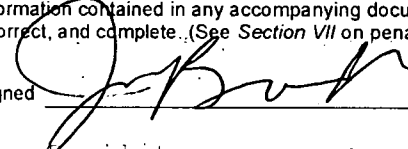
1. File Number: C- 67257

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Joseph Brock	3. Any other address where records necessary to verify this report are kept:
Title President	Name
Organization Reliant Labor Consultants	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 10108 Fehlborg Court	P.O. Box, Bldg., Room No., if any
City Saint John	Street
State Indiana	City
<input checked="" type="checkbox"/> ZIP Code + 4 46373	State
4. Date fiscal year ends:	
Dec <input checked="" type="checkbox"/> / 17	
5. Type of person:	
a. Individual b. Partnership c. <input checked="" type="checkbox"/> Corporation d. Other (Specify):	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Ribka Fox	7. Date entered into:
Organization Quest Diagnostics Inc	3 / 18 / 2017
Trade Name, if any	8. Name of person(s) through whom made:
P.O. Box, Bldg., Room No., if any	Name
Street 8401 Fallbrook Ave	Name
City West Hill	Name
State California	Name
<input checked="" type="checkbox"/> ZIP Code + 4 91304	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 05/16/2017 215-840-2088
Date Telephone Number

On _____
Date Telephone Number

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.):

No written agreements. We were engaged by Quest Diagnostics to educate employees on all aspects of unions so that they could make an informed decision on whether or not to support a union.

Specific Activities to be Performed

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

a. Nature of activity:

Held meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to support a union

11.b. Period during which performed:

Starting 3-18-17

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Byron J Clay

Organization BJC & Associates

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

Street 10108 Fehlberg Court

City Saint John

State Indiana ☒ ZIP Code + 4 46373

Additional Name and address through whom performed, if any:

Name Evelyn Fragoso

Organization Quality Labor Solutions

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

Street 6255 Condon Ave

City Los Angeles

State California ☒ ZIP Code + 4 90056

12.a. Identify subject groups of employees:

Phlebotomists and clerks

12.b. Identify subject labor organizations:

United Food and Commercial Workers

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.

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

a. Nature of activity:

Held meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to support a union

11.b. Period during which performed:

Starting 3-18-17

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Kirsten Moore

Organization

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

Street 139 Drexel Rd

City Ardmore

State Pennsylvania ☒ ZIP Code + 4 19003

Additional Name and address through whom performed, if any:

Name Rebecca Smith

Organization Rock Creek Consulting

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

Street 554 Mahard Dr

City Twin Falls

State Idaho ☒ ZIP Code + 4 83301

12.a. Identify subject groups of employees:

Phlebotomists and clerks

12.b. Identify subject labor organizations:

United Food and Commercial Workers