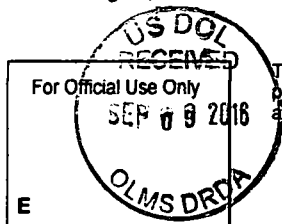


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT



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.

626575

1. File Number: C- 67257

Person Filing

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

Name Joseph Brock

Title President

Organization Reliant Labor Consultants, LLC

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

Street 10108 Fehlberg Ct

City St. John

State Indiana ZIP Code + 4 46373

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): LLC

Nature of Agreement or Arrangement

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

Name

Organization Laboratory Corp. Of America

Trade Name, if any LabCorp

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

Street 531 South Spring St

City Burlington

State North Carolina ZIP Code + 4 27215

7. Date entered into:

07 / 02 / 2016

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

Name Drew ☐ Chakeras

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

President
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On 8/28/2016 2158402088
Date Telephone Number

On
Date Telephone Number

678

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.):

Verbal agreement at \$375 per hour plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Give speeches to employees regarding their rights to organize and collectively bargain.

11.b. Period during which performed:

Various days beginning July 6th

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name Byron ☐ Clay

Organization BJC Associates

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

Street 10108 Fehlberg Ct

City St. John

State Indiana ZIP Code + 4 46373

Additional Name and address through whom performed, if any:

Name Rebecca ☐ Smith

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

12.a. Identify subject groups of employees:

Various employees

12.b. Identify subject labor organizations:

food and commercial workers