

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.

684538

1. File Number:

C-00322 658

Person Filing

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

Name Jason Greer

Title Chief Executive Officer

Organization Greer Consulting, Inc.

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

Street 4301 Hawkins Ridge Drive

City St. Louis

State Missouri

ZIP Code + 4 63129

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 / 18

5. Type of person:

a. ☐ 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):

Name

Organization DSV Solutions, LLC

Trade Name, if any

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

Street 2601 Bermuda Hundred Road

City Chester

State Virginia

ZIP Code + 4 23836-3203

7. Date entered into:

8 / 8 / 2018

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

Name Laura A Walker

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 Other (Specify)

Chief Executive Officer

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 9/18/2018

Date

314-397-4218

Telephone Number

On

Date

Telephone Number

Filer: Jason Greer Greer Consulting, Inc.	File Number C- 00322658
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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.):

All services described in Section 11a. below shall be performed on a flat rate basis. Expenses in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Greer Consulting Inc. at actual cost.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: Consultant provided education on the National Labor Relations Board secret ballot election and the unionization process with employees.	
11.b. Period during which performed: August 2018 - Present	11.c. Extent performed: Near Completion
11.d. Name and address through whom performed: Name Annette Lewis Organization Greer Consulting, LLC P.O. Box, Bldg., Room No., if any Street 4301 Hawkins Ridge Drive City St. Louis State Missouri ZIP Code + 4 63129	Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
12.a. Identify subject groups of employees: All full-time and regular part-time customer service representatives, warehouse operators, warehouse operator - team leads, and maintenance specialists employer by the Employer at its Chester, VA, facility.	12.b. Identify subject labor organizations: United Steelworkers (USW)