

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

For Official Use Only

E

This report is mandatory under P.L. 88-257, 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.

648415

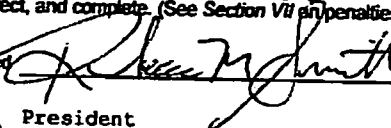
12-29-16  
1. File Number: C-66125

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Rebecca Smith
Title	Owner
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
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:	5. Type of person:
Dec / 31	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	Keystone Paper & Packaging
Organization	
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	#300 Suite
Street	1 Skokie Blvd
City	Northbrook
State	ILL
ZIP Code + 4	60062
7. Date entered into:	
11 / 7 / 2016	
8. Name of person(s) through whom made:	
Name	
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 for penalties in the instructions.)

13. Signed  President  
(If other title, see instructions)

Title President

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)

Title

On 12-6-16 702-494-8416  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

Filer:

File Number C- 66125

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.):

Flat daily rate plus expenses

Specific Activities to be Performed

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

a. Nature of activity: meetings & one on one conversation  
on employee rights under NLRA

i. Period during which performed:

11-14-16 to 11-30-16

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name Russ Braw

Organization Road Warrior Production LLC

P.O. Box, Bldg., Room No., if any P.O. Box 372636

Street

City Satellite Beach

State FL

ZIP Code + 4 32937-2636

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:

Production & Maintenance  
Employees

12.b. Identify subject labor organizations:

USW