Washington, DC 20210

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 compty 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)

680372 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Jason Greer Title Chief Executive Officer Organization Greer Consulting, Inc. Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 4301 Hawkins Ridge Drive Street City St. Louis City ZIP Code + 4 63129 State ZIP Code + 4 State Missouri 4. Date fiscal year ends: 5. Type of person: a. Individual b. Partnership c. Corporation d. Other (Specify): Dec **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 16 / 2018 8. Name of person(s) through whom made: Organization Morrison Management Specialists Name John Cipollini Trade Name, if any Name Avi Pinto P.O. Box, Bldg., Room No., if any Jackson Name Theresa Street 5801 Peachtree Dunwoody Road City Atlanta Name ZIP Code + 4 30342 State Georgia 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 Jan H President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Title Other (Specify) Treasurer Title Chief Executive Officer 314-397-4218 6/26/2018 On Date Telephone Number Date Telephone Number

| Filer. Jason Greer Greer Consulting, Inc. | Filer: | Jason Greer | Greer Consulting, Inc. | File Number C- |
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| 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: |
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| 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: | 11.c. Extent performed: | |
|---|---|--|
| April 2018 - May 2018 | Completed | |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: | |
| Name Jason Greer | Name Annette Lewis | |
| Organization Greer Consulting, Inc. | Organization Greer Consulting, Inc. | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | |
| Street 4301 Hawkins Ridge Drive | Street 4301 Hawkins Ridge Drive | |
| City St. Louis | City St. Louis | |
| State Missouri ZIP Code + 4 63129 | State Missouri ZIP Code + 4 63129 | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | |
| All regular part-time and full-time employees employed by the employer located at 11133 Dunn Road, St. Louis, MO 63136. | United Food and Commercial Workers, Local 655 | |
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Filer. Jason Greer Greer Consulting, Inc. File Number C-

Specific Activities to be Performed (Continuation Page)

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| 11.b. Period during which performed: | 11.c. Extent performed: | |
|---|---|--|
| April 2018 - May 2018 | Completed | |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: | |
| Name Byron Clay | Name | |
| Organization Greer Consulting, Inc. | Organization | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | |
| Street 4301 Hawkins Ridge Drive | Street | |
| City St. Louis | City | |
| State Missouri ZIP Code + 4 63129 | State ZIP Code + 4 | |
| additional Name and address through whom performed, if any: | Additional Name and address through whom performed, if any: | |
| lame | Name | |
| Organization | Organization | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | |
| itreet | Street | |
| ity | City | |
| State ZIP Code + 4 | State ZIP Code + 4 | |
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