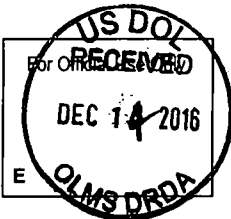


Amended  
**FORM LM-20**  
**AGREEMENT AND ACTIVITIES REPORT**

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)

632298

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65880

**Person Filing**

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

Name Amed D. Santana  
Title President  
Organization Santana International, Inc.  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 7049 Westwind Dr. Suite 6001  
City El Paso  
State TX ZIP Code + 4 79912

3. Any other address where records necessary to verify this report are kept:

Name Phillip Wilson  
Title President  
Organization Labar Relations Institute  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 7850 South Elm Place  
City Broken Arrow  
State Oklahoma ZIP Code + 4 74011

4. Date fiscal year ends:

DEC / 31

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 Dee Dee Cox  
Organization Old Dominion Freight Line Inc.  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 500 Old Dominion Way  
City Thomasville  
State NC ZIP Code + 4 27360

7. Date entered into:

4 / 1 / 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 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

12/6/2016  
Date

915-215-3725  
Telephone Number

On

01/27/17  
Date

915-215-3725  
Telephone Number

76

Filer: ☐

File Number C- 65880

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.):

To Provide direct employee education regarding employees' section 7 rights under the NLRA.

## Specific Activities to be Performed

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

a. Nature of activity:

Educational Meetings with employees regarding their section 7 rights under the NLRA.

11.b. Period during which performed:

4/4/16 — 4/8/16

11.c. Extent performed:

N/A

11.d. Name and address through whom performed:

Name Phillip Wilson  
Organization Labor Relations Institute  
P.O. Box, Bldg., Room No., if any  
Street 7850 South Elm St  
City Broken Arrow  
State Oklahoma ZIP Code + 4 74011

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:

Various employees  
Pre-Petition

12.b. Identify subject labor organizations:

Teamsters