

# 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

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. 438 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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

648413

12-24-16  
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:

Dec / 31

### 5. Type of person:

a. Individual b. Partnership c. ☒ Corporation d. Other (Specify):

## Parties to Agreement or Arrangement

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

Name Ginny Sorenson  
Organization Swire Coca Cola  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any 12634 South 265 West  
Street ~~12634 South 265 West~~  
City ~~Draper~~  
State UT ZIP Code + 4 84020

### 7. Date entered into:

10/20/16

### 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

*Rebecca Smith*

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title

On

12-26-16

Date

762-494-8416

Telephone Number

On

Date

Telephone Number

106

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: NLRA education

Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Rebecca Smith  
Organization Rock Creek Consulting LLC  
P.O. Box, Bldg., Room No., if any  
Street 554 Mahard Dr  
City Twin Falls  
State ID ZIP Code + 4 83301

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 Employees

12.b. Identify subject labor organizations:

Teamsters