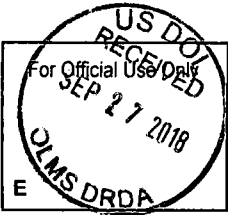


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

683676

1. File Number: C- 00525

Person Filing

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

Name Phillip B Wilson

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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):

Nature of Agreement or Arrangement

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

Name

Organization Advance Stores Company, Inc

Trade Name, if any dba Advanced Auto Parts

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

Street 5008 Airport Road NW

City Roanoke

State VA ZIP Code + 4 24012

7. Date entered into:

8 / 13 / 2018

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

Name Ramsay McCullough

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) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete in accordance with the instructions in the instructions.)

13. Signed

President
(If other title, see instructions)

Title CEO

14. Signed

Treasurer
(If other title, see instructions)

Title President

On 9/19/2018 918-455-9995

Date Telephone Number

On 9/19/2018 918-455-9995

Date Telephone Number

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.):

Verbal agreement. \$3,000 per day per consultant plus reasonable travel expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 8/15/18

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Michael Rosado
Organization M Rosado Management Consultants LLC

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

Street 5 Quail Court

City Englewood

State NJ ZIP Code + 4 07024

Additional Name and address through whom performed, if any:

Name Amed Santana
Organization Santana International Inc

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

Street 7049 Westwind Dr., Suite 6001

City El Paso

State Texas ZIP Code + 4 79912

12.a. Identify subject groups of employees:

General Warehouse Workers, Battery Room Utility Techs, Clerk II employees, Maintenance I, II, III employees, Forklift Technicians, Maintenance Team Leads, Service Workers, and Switchers

12.b. Identify subject labor organizations:

Laborers

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Johan Pena
Organization Johan Pena
P.O. Box, Bldg., Room No., if any
Street 14173 SW 158th Court
City Miami
State Florida ZIP Code + 4 33196

Additional Name and address through whom performed, if any:

Name William Herrera
Organization People Solutions Consulting Group
P.O. Box, Bldg., Room No., if any
Street 9427 Reston Grove Lane
City Houston
State TX ZIP Code + 4 77095

Additional Name and address through whom performed, if any:

Name Gustavo Flores
Organization GNE Consulting Services Inc
P.O. Box, Bldg., Room No., if any
Street 11356 White Cloud Drive
City Rancho Cucamonga
State CA ZIP Code + 4 91701

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:

General Warehouse Workers, Battery Room Utility
Techs, Clerk II employees, Maintenance I, II, III
employees, Forklift Technicians, Maintenance Team
Leads, Service Workers, and Switchers

12.b. Identify subject labor organizations:

Laborers