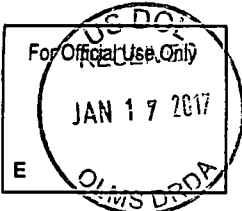


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT



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)

631608
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66578

Person Filing

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

Name

Title

Organization Sparta, Inc

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

Street 8086 South Yale Ave suite 225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

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 Mission Foods

Trade Name, if any

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

Street 4000 Dan Morton Dr. # 100

City Dallas

State Texas

ZIP Code + 4 75236

7. Date entered into:

6 / 1 / 2016

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

Name David Salzar

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

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 11/28/2016 800-555-7509

Date

Telephone Number

On 11/28/2016 800-555-7509

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.):

The fee for a day rate per Consultant is \$375 per hour for each calender day worked by the Consultant including travel.

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 with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Beginning on or about 6/06/2016

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Christian B Teague

Organization

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

Street 416 E. B. Street Apt B

City Jenks

State Oklahoma

ZIP Code + 4 74037

Additional Name and address through whom performed, if any:

Name Cesar Alarcon

Organization

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

Street 382 Nome Ave

City Staten Island

State New York

ZIP Code + 4 10314

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

Unknown

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 with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

06/6/2016

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Edward Charles

Organization James Accounting Personal-Edward James

P.O. Box, Bldg., Room No., if any P.O. Box 3

Street 115 N. Lincoln Ave

City Wagoner

State Oklahoma ZIP Code + 4 74467

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

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

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:

12.b. Identify subject labor organizations:

Unknown

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 with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Beginning on or about 06/06/2016

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Eric Grumbrecht

Organization

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

Street 292 Centennial Rd

City Warminster

State Pennsylvania ZIP Code + 4 18974

Additional Name and address through whom performed, if any:

Name Ramon Suarez

Organization

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

Street 382 Nome Ave

City Staten Island

State New York ZIP Code + 4 10314

Additional Name and address through whom performed, if any:

Name Angel Cornejo

Organization Pinnacle Labor Relations

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

Street 1557 Countrywood Ln

City Escalon

State California ZIP Code + 4 95320

Additional Name and address through whom performed, if any:

Name Francis Leigh

Organization Brian Ahakuelo

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

Street 189 Leaf Tree Ave

City Henderson

State Nevada ZIP Code + 4 89011

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

unknown