

U.Ş. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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URUI -	•
1. File Number: C- 00488	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Matt Perovic	Name
Title President	Title
Organization Quantum Consulting, Inc.	Organization
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 10917 Kilpatrick	Street
City Oak Lawn	City
State Illinoïs ZIP Code + 4 60453	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec 31 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):	7. Date entered into:
Name Ryan Mollins	7 / 26 / 2018
Organization Crest Steel	8. Name of person(s) through whom made:
Trade Name, if any	Name /
P.O. Box, Bldg., Room No., if any	Name
Street 6580 General Road	Name
City Jarupa Valley	Name
State California ZIP Code + 4 92509	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 Malkey Hersey President (If other title, see	14. Signed Treasurer (If other title, see
Title President instructions)	Title Treasurer instructions)
On 08-20-18 708-423-7.786	On
Date Telephone Number	Date Telephone Number

Filer: Matt Perovic Quantum Consulting, Inc.	File Number C- 00488
Check the appropriate box to indicate whether an object of the activities under	daken is directly or indirectly
The second appropriate box to indicate which an object of the activities and	reach, is directly of indirectly.
a. To persuade employees to exercise or not to exercise, or persuade er collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of em such employer, except information for use solely in conjunction with a	nployees or a labor organization in connection with a labor dispute involving in administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreements	
\$300.00 per hour for all hours worked. \$150.00 per hour for time spe	nt traveling. Reimbursement for incurred expenses.
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruct	tions):
a. Nature of activity:	,
To persuade employees to excercise or not to excersise their right to	choose or not to choose representation for the purposes of collective
bargaining.	
11.b. Period during which performed:	11.c. Extent performed:
July 26 thru August 15, 2018	16 employee group meetings
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Matt Perovic	Name
Organization Quantum Consulting	
P.O. Box, Bldg., Room No., if any	Organization
	P.O. Box, Bldg., Room No., if any
Street 10917 Kilpatrick	
Street 10917 Kilpatrick City Oak Lawn	P.O. Box, Bldg., Room No., if any
	P.O. Box, Bldg., Room No., if any Street
City Oak Lawn	P.O. Box, Bldg., Room No., if any Street City
City Oak Lawn State Illinois ZIP Code + 4 60453	P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
City Oak Lawn State Illinois ZIP Code + 4 60453 12.a. Identify subject groups of employees:	P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 12.b. Identify subject labor organizations:
City Oak Lawn State Illinois ZIP Code + 4 60453 12.a. Identify subject groups of employees:	P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 12.b. Identify subject labor organizations:
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