



# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016

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.

657459

1. File Number:

C-

67782

### Person Filing

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

Name Zak D Langren  
Title \_\_\_\_\_  
Organization Langren Labor Relations  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 14520 W. Mockingbird Ln  
City Sand Springs  
State Oklahoma ZIP Code + 4 74063

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 Absolute Care  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 300 Glead Ave  
City East Aurara  
State New York ZIP Code + 4 14052

7. Date entered into:

10 / 3 / 2017

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

Name Chris Luterek  
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

*Zak Langren*

President  
(If other title, see instructions)

Title President

14. Signed

*Zak Langren*

Treasurer  
(If other title, see instructions)

Title Treasurer

On 10/03/2017

Date

Telephone Number

On 10/03/2017

Date

Telephone Number

Filer: Zak Langren Langren Labor Relations

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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 is a hourly rate per consultant plus travel days and travel expenses with 50% guarantee at risk.

#### 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 10/3/17

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name

Organization Sparta, Inc

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

Street 8086 S. Yale Ave # 225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

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:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

Unknown