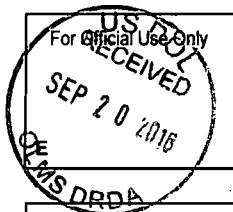


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

682916

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 Hallcon

Trade Name, if any

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

Street 14325 W.95th St

City Lenexa

State

ZIP Code + 4

7. Date entered into:

7 / 18 / 2018

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

Name Rich Cliffe

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

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 08/25/2018

Date

800-555-7509

Telephone Number

On 08/25/2018

Date

800-555-7509

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.):

A hourly fee per Consultant per calendar day worked plus travel days and 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 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 08/6/2018

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

City Jenks

State Oklahoma

ZIP Code + 4 74037

Additional Name and address through whom performed, if any:

Name Cesar Alarcon

Organization Stay Union Free, Corp

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

Street 614 Springdale Circle

City Palm Spring

State Florida

ZIP Code + 4 33461

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

Unknown

Filer: Sparta, Inc	File Number C- 66578
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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.</p>	
<p>11.b. Period during which performed:</p> <p>Beginning on or about 08/6/2018</p>	<p>11.c. Extent performed:</p> <p>Ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Ramon Suarez</p> <p>Organization J.R. Labor Solutions, Inc</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 614 Springdale Circle</p> <p>City Palm Springs</p> <p>State Florida ZIP Code + 4 33461</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Jonathan Sutton</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 7851 Spirit Hollow Ct</p> <p>City Missouri City</p> <p>State Texas ZIP Code + 4 77459</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name Brian Ahakuelo</p> <p>Organization The Global Institute for Interest Base</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 42020 Village Center Plaza</p> <p>City Stonebridge</p> <p>State Virginia ZIP Code + 4 20105</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Brandon Ahakuelo</p> <p>Organization The Global Institute for Interest Base</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 42020 Village Center Plaza</p> <p>City Stonebridge</p> <p>State Virginia ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees eligible to vote in the bargaining unit</p>	<p>12.b. Identify subject labor organizations:</p> <p>Unknown</p>