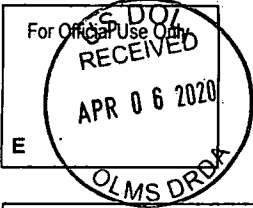


FORM LM-20

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.

727 985

1. File Number: **C- 68057**

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Katherine G Lev</u> Title <u>President</u> Organization <u>Lev Labor, LLC</u> P.O. Box, Bldg., Room No., if any _____ Street <u>21 Pleasant Street</u> City <u>Hudson</u> State <u>Massachusetts</u> ZIP Code + 4 <u>01749</u>	3. Any other address where records necessary to verify this report are kept: Name <u>N/A</u> Title _____ Organization _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____
4. Date fiscal year ends: <u>Dec</u> / <u>31</u>	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): <u>Individual LLC</u>

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name <u>John McCarthy</u> Organization <u>NRT Bus</u> Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street <u>230 Main Street</u> City <u>Reading</u> State <u>Massachusetts</u> ZIP Code + 4 <u>01864</u>	7. Date entered into: <u>3</u> / <u>5</u> / <u>2020</u> 8. Name of person(s) through whom made: Name <u>John McCarthy</u> 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 [Signature] President
 Title President
 (If other title, see instructions)

14. Signed _____ Treasurer
 Title Treasurer
 (If other title, see instructions)

On 3/17/2020 617-686-5775
 Date Telephone Number

On _____ _____
 Date Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

a. ^{educate rather than persuade} To ~~persuade~~ educate employees to exercise or not to exercise, or ^{educate} ~~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. No written agreement. Ongoing as needed. Daily rate.

Specific Activities to be Performed

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

a. Nature of activity:

To educate employees regarding their rights under the NLRA. To ensure that accurate information is provided to employees. To respond to questions employees have about unions and provide an opportunity for open dialog about the pros and cons of unionization.

<p>11.b. Period during which performed: Beginning 03/10/2020</p>	<p>11.c. Extent performed: Ongoing as needed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Joseph Brock</p> <p>Organization Reliant Labor Consultants, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name N/A</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>

<p>12.a. Identify subject groups of employees:</p> <p>Drivers</p>	<p>12.b. Identify subject labor organizations:</p> <p>Teamsters</p>
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