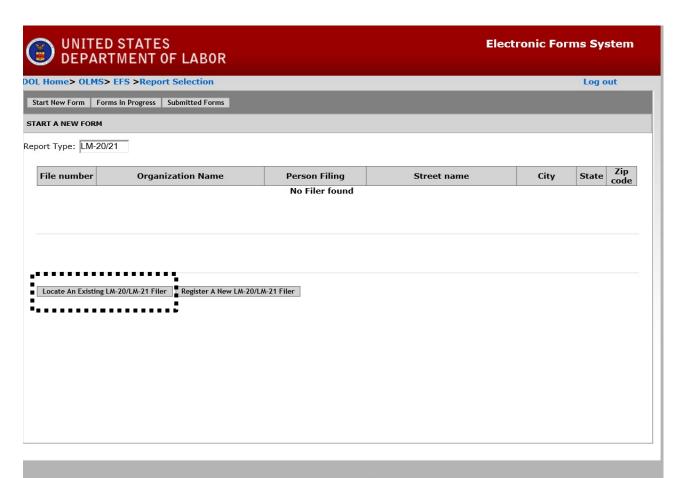
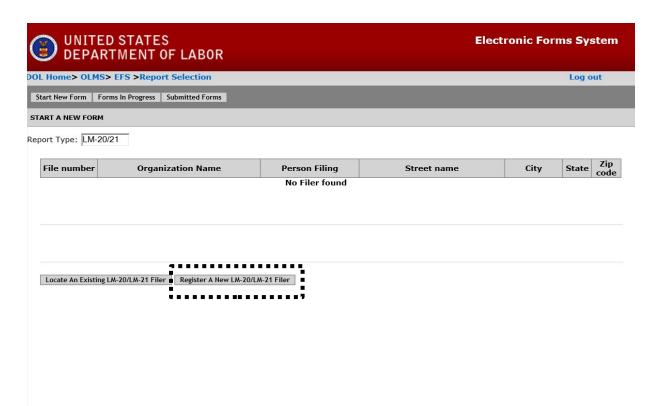
UNITED STATE DEPARTMENT	ES OF LABOR	Electronic Forms System
DOL Home> OLMS> EFS		Log out
	Welcome to the Office of Labor-Management Standa EFS Form LM-20, LM-21 and LM-30	OLMS Help rds
	EFS Sign in	
	User Password: Sign In	

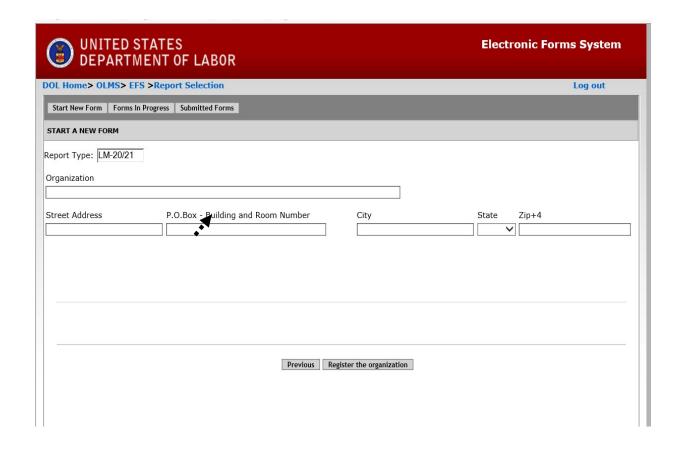
U.S. Department of Labor | Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210 www.dol.qov/olms/ | Telephone: 1-866-401-1109 | Contact Us

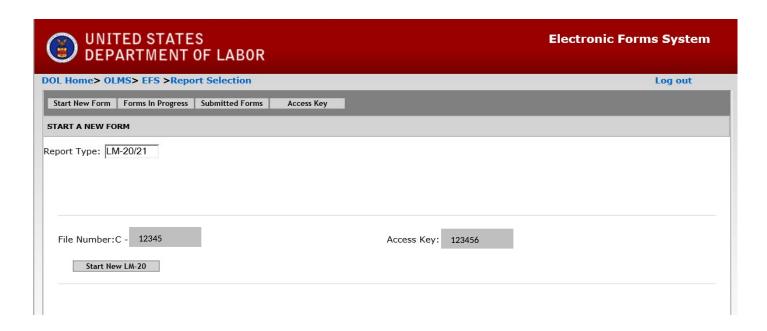
OAII DOL OESA Advanced Sea Subscribe to E-mail Updates UNITED STATES
DEPARTMENT OF LABOR Find It In DOL SEARCH Enter E-mail Address SUBSCRIBE A to Z Index | Site Map | FAQs | DOL Forms | About DOL | Contact Us DOL Home > OLMS > EFS Electronic Forms System Text Size **OLMS Help** Welcome to the Office of Labor-Management Standards **Electronic Forms System (EFS)** A brief tutorial of the system Registration: Sign in to EFS for LM-2, LM-3 and LM-4 Register for an EFS User ID and Password User ID Obtain a Union PIN (What is a PIN?) User Password **Edit your account information** File Number Union PIN Sign in to EFS for LM-20, LM-21 and LM-30 Sign In Forgot your password? Forgot your User ID? **Select the link** to access the LM-20 % -<u>.....</u>



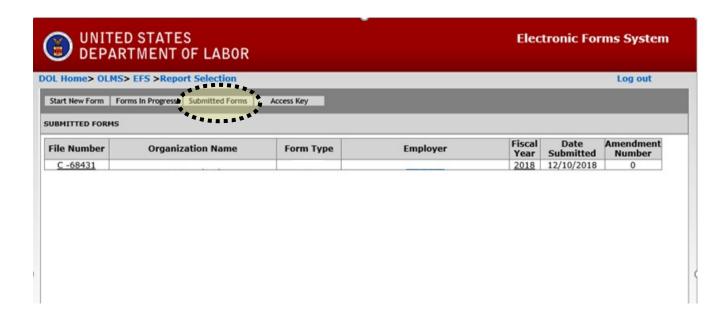


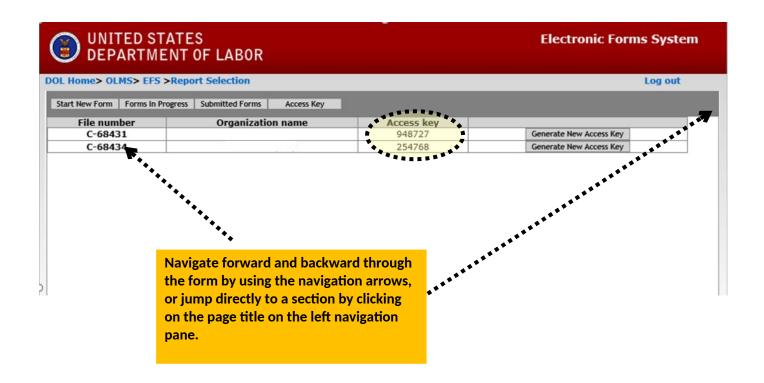


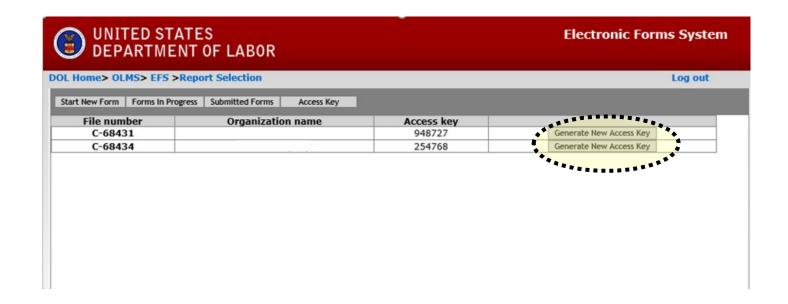












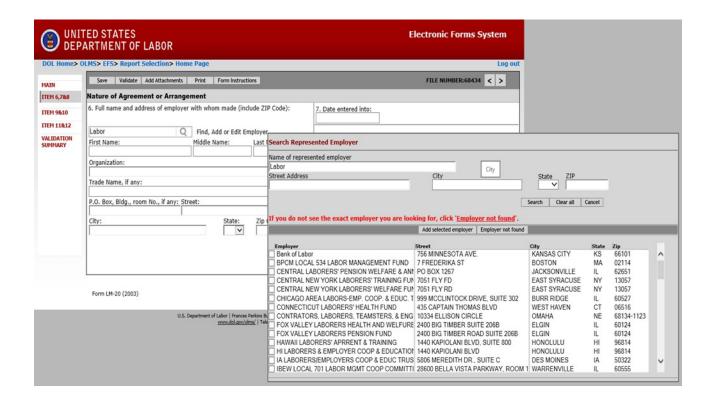
DOL Home> OLMS> EFS> Report Selection> Home Page Log out Save Validate Add Attachments Print Form Instructions Help FILE NUMBER:68431 MAIN FORM LM-20 Washington, DC 20210 Washington, DC 20210 IMPORTANT: This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civit 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(s) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. Amended Report 2. Name and mailing address (include ZIP Code): First Name: < > ITEM 6,7&8 ITEM 98:10 VALIDATION SUMMARY 3. Any other address where First Name: Mic Middle Name: Last Name: First Name: Middle Name: Last Name: Robert Smith Title: Title: Navigate forward and backward through Organization: the form by using the navigation arrows, P.O. Box, Bldg., Room No., if any: or jump directly to a section by clicking Street: City: on the page title on the left navigation St pane. Zip code: 5. Type of person \square a. Individual \square b. Partnership \square c. Corporation 4. Date fiscal year ends: d. Other (Specify): Signature and Verification 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.) TREASURER 13. SIGNED: PRESIDENT 14. SIGNED: (If other title, see instructions) (If other title, see instructions) Date: Telephone Number: Date: Telephone Number:

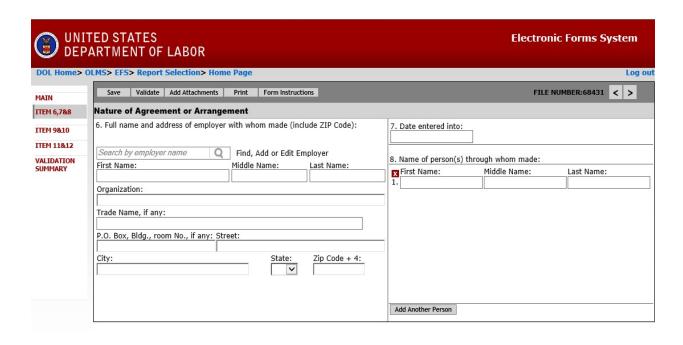
Form LM-20 (2003) (Page 1 of 5)

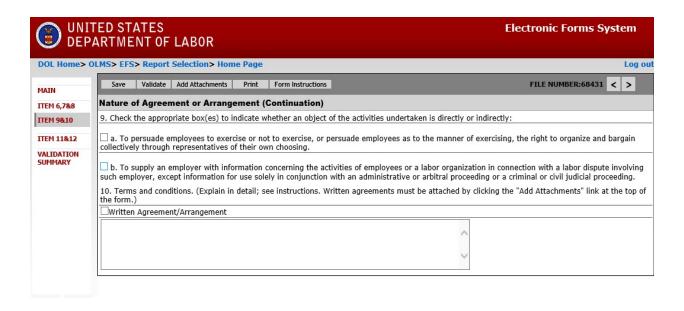
(UNI DEP	TED STATES ARTMENT OF I	LABOR			Electronic Forms System				
DOL Home>	DLMS> EFS> Report S	election> Home Page	*****		Log out				
MAIN	Save Validate	Add Attachments Prine F	orm Instructions Help	Su	bmit FILE NUMBER:68431 < >				
ITEM 6,7&8 ITEM 9&10	Office of Labor-	partment of Labor Management Standards Igton, DC 20210	FORM LM-20 AGREEMENT & ACTIVITIES REPORT		Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019				
ITEM 11&12 VALIDATION	IMPORTANT: 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).								
SUMMARY		G THIS REPORT.							
	1. a. File Number: C-	68431		☐ Amended Report	☐ Amended Report				
	2. Name and mailing	address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:					
	First Name:	Middle Name:	Last Name:	First Name:	Middle Name: Last Name:				
	Robert		Smith						
	Title:	7. La		Title:	43				
	Vice President								
	Organization:			Organization:					
	ABC Company								
	P.O. Box, Bldg., Roon Room 301	n No., if any:		P.O. Box, Bldg., Room No., if any:					
	Street:	City:		Street:	City:				
	123 Anyway Street	Silver Sprir	ıg						
	State:	Zip code:	200	State:	Zip code:				
	MD 🗸	20902		~					
	4. Date fiscal year en	ds: 💙 /		5. Type of person a. Individual b. Partnership c. Corporation d. Other (Specify):					
	Signature and Verification								
	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	14. SIGNED: TREASURER					
	100	(If o	other title, see instructions)	(If other title, see instructions)					
	Date:	Telephone Nu	mber:	Date:	Telephone Number:				

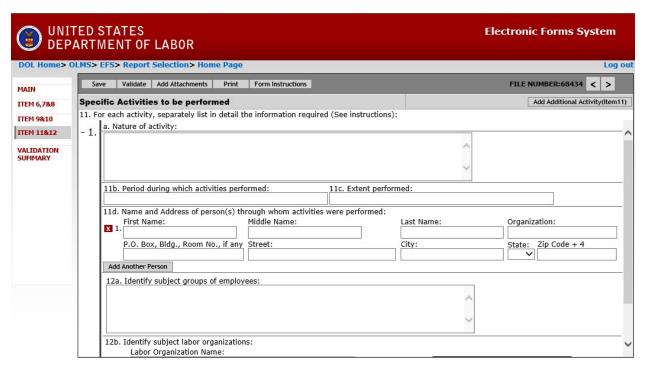
Form LM-20 (2003) (Page 1 of 5)

e> (DLMS> EFS	> Report	Selection> Hon	ne Page							Log ou
	Save	Validate	Add Attachments	Print	Form Instruction	ns Help		Submit	FILE NU	JMBER:68431 <	>
	0	ffice of Labo	epartment of Labor or-Management Sta ington, DC 20210	ndards	AGR		RM LM-20 ACTIVITIES REPORT	-	Office of Manag No. 12	Approved ement and Budget 45-0003 07-31-2019	
N N	IMPORTANT: 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 (IMRDA).										
	8			LEASE REA	AD THE INSTRI	FULLY BEFORE PREPARING THIS REPORT.					
	1. a. File	1. a. File Number: C- 68431					The second secon	Amended Report			
		Name and mailing address (include ZIP Code): First Name: Middle Name: Last Name:				Any other addressFirst Name:	3. Any other address where records necessary to verify this report are kept: First Name: Middle Name: Last Name:				
	Robert				Smith				. 10 5000/154		
	Title:		200				Title:	43			
	Vice Pres	Vice President									
		Organization: ABC Company					Organization:	Organization:			
		P.O. Box, Bldg., Room No., if any:					P.O. Box, Bldg., Ro	P.O. Box, Bldg., Room No., if any:			
	Street: City:						Street:	Street: City:			
	123 Anyv	vay Street		Silver Sp	oring						
4	State:			Zip code: 20902	:	1	State:		Zip code:		
	4. Date fi	scal year e	nds: 💙 /	22			5. Type of person a. Individual d. Other (Spec		C. Corpora	tion	
	informatio	n contained		ng documen	nts) has been ex	applicable pe	and Verification nalties of law, that all of t signatory and is, to the b				
	13. SIGN	ED:				PRESIDEN	T 14. SIGNED:			TRE	ASURER
	70.200	93		(If other title, see	e instructions			(If other title,	see instructions)	
	Date:		Т	elephone i	Number:		Date:		Telephone Nun	nber:	

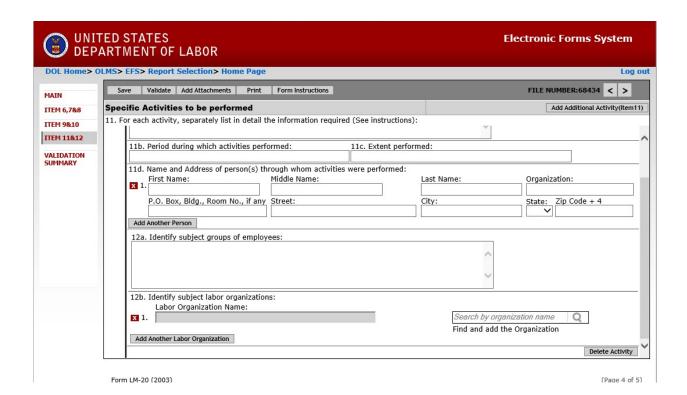


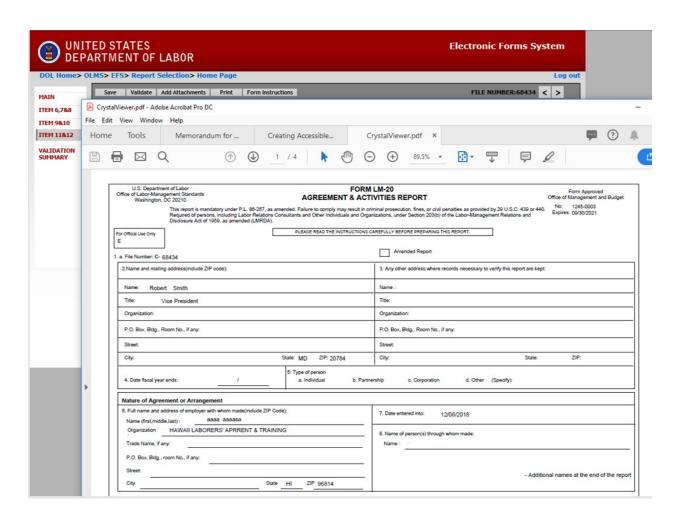




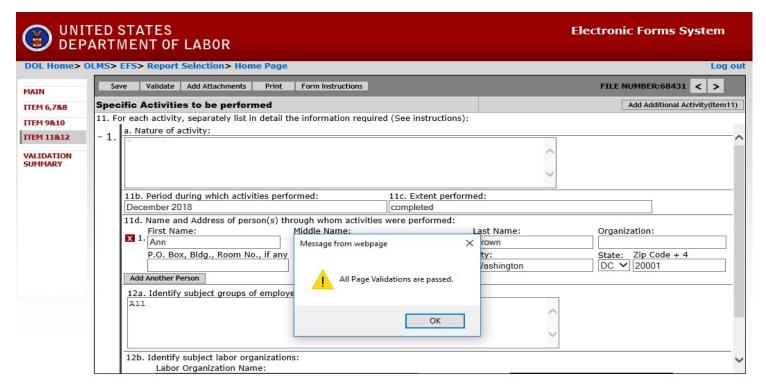


Form LM-20 (2003) (Page 4 of 5)

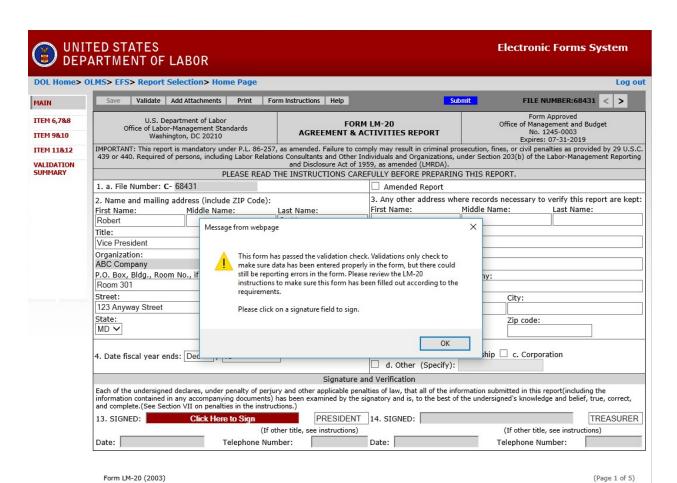








Form LM-20 (2003) (Page 4 of 5)

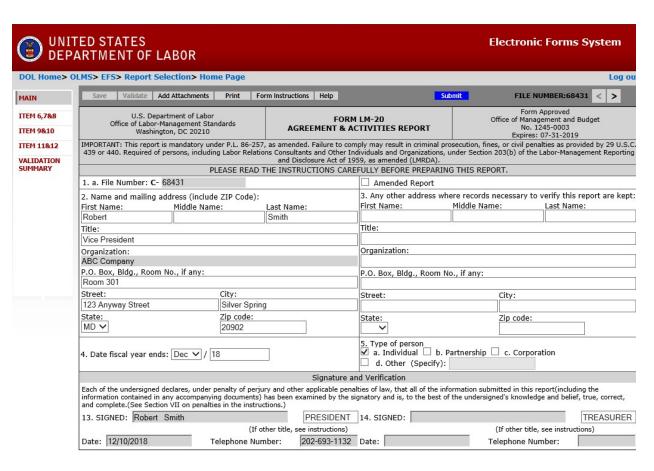


UNITED STATES Electronic Forms System DEPARTMENT OF LABOR DOL Home> OLMS> EFS> Report Selection> Home Page Log out Validate Add Attachments Print Form Instructions Help Submit FILE NUMBER:68431 < > MAIN Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019 U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210 ITEM 6,788 FORM LM-20 AGREEMENT & ACTIVITIES REPORT ITEM 98.10 IMPORTANT: 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). TTEM 11812 VALIDATION SUMMARY and Disclosure Act of 1959, as amended (LMRLIN).

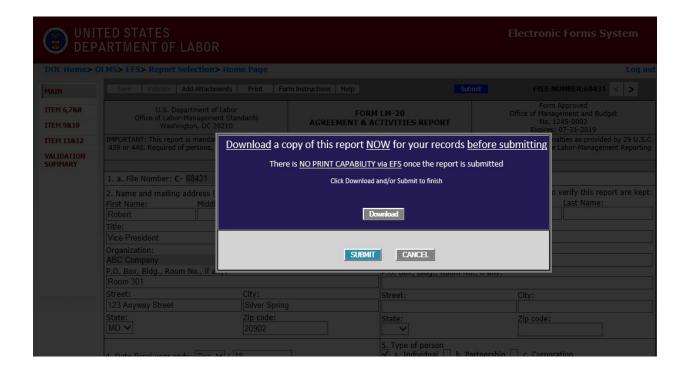
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

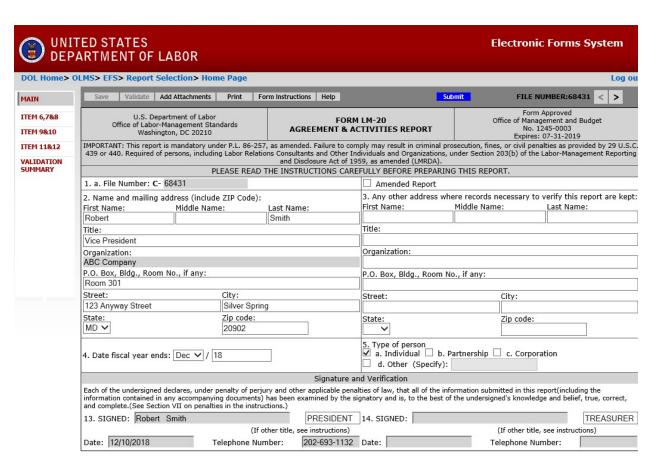
Provident's Signa President's Signature ord below, I attest that I am Robert Sn clare, under penalty of perjury and other 1. a. File Number: C- 68431 By entering my name and password below, I sitest that I am Robert Smith , a duly authorized above labor organization, and declare, under penalty of perjury and other applicable penalties or before the information submitted in this report (including the information contained in any attached has been examined by me and is, to the best of my knowledge and belief, true, correct, and co 2. Name and mailing address (include ZIP Code): First Name: Middle Name: First Name Robert Title: Vice President Middle Initial Organization: Company Last Name Date 12/10/2018 P.O. Box, Bldg., Room No., if any: Room 301 City: Phone Number 202-693 Zip code: State: 5. Type of person

☑ a. Individual □ b. Partnership □ c. Corporation
□ d. Other (Specify): 4. Date fiscal year ends: Dec ✓ / 18 Signature and Verification 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.) PRESIDENT 14. SIGNED: 13. SIGNED: TREASURER (If other title, see in Telephone Number: Telephone Number:



Form LM-20 (2003) (Page 1 of 5)





Form LM-20 (2003) (Page 1 of 5)

