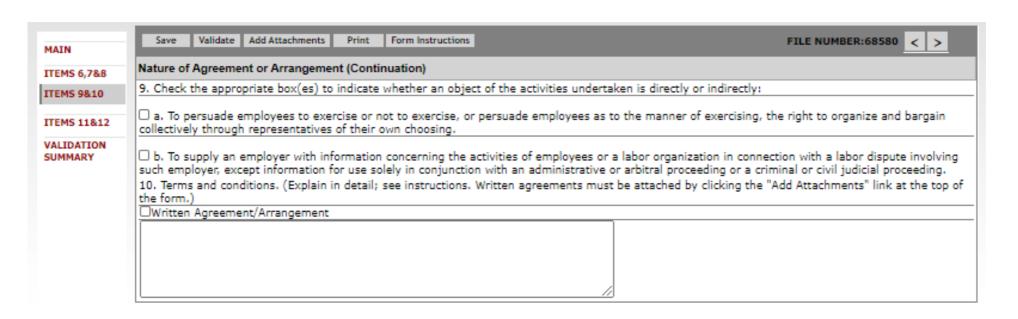


| AIN | Save Validate Add Attachment | s Print Form In | nstructions Help | Submi | FILE NUMBI | ER:68580 < > |
|-------------------------|---|--------------------|---|--|---|--------------|
| TEMS 6,7&8 TEMS 9&10 | U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210 | | FORM LM-20 AGREEMENT & ACTIVITIES REPORT | | Form Approved Office of Management and Budget No. 1245-0003 Expires: 09-30-2021 | |
| ITEMS 11&12 | | | Consultants and Other Individ | ly may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 duals and Organizations, under Section 203(b) of the Labor-Management Reporting and 9, as amended (LMRDA). | | |
| SUMMARY | PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. | | | | | |
| | 1. a. File Number: C- 68580 2. Name and mailing address (include ZIP Code): First Name: Middle Name: Last Name: | | | Amended Report 3. Any other address where records necessary to verify this report are kept: First Name: Middle Name: Last Name: | | |
| | EFS | | Support | | | |
| | Title: | | | Title: | | |
| | test | | |] [| | |
| | Organization: | | | Organization: | | |
| | EFS Support | | | | | |
| | P.O. Box, Bldg., Room No., if any: | | | P.O. Box, Bldg., Room No. | ., if any: | |
| | Street: | City: | | Street: | City: | |
| | 200 Constitution Ave NW | washington | |] Street. | City. | |
| | State: | ZIP Code: 20210 | | State: | ZIP Code: | |
| | 4. Date fiscal year ends: V / | | | 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 | SIGNED: | | TREASURER |
| | Date: | (If other | er title, see instructions) | Date: | (If other title, see instr | |
| | L/CLE. | - rejectione with | | L/CLE: | Telephone Williams | |

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

| MAIN | Save Validate Add Attachments Print Form Instructions | | | FILE NUMBER:68580 < > | |
|-----------------------|---|------------|---|-----------------------|--|
| ITEMS 6,7&8 | Nature of Agreement or Arrangement | | | | |
| ITEMS 9&10 | 6. Full name and address of employer with whom made (include ZIP 0 | Code): | 7. Date entered into: | | |
| ITEMS 11&12 | Search by employer name Q Find, Add or Edit Employer | | 8. Name of person(s) through whom made: | | |
| VALIDATION SUMMARY | First Name: Middle Name: L | .ast Name: | First Name: Middle Nam | | |
| | Organization: Trade Name, if any: P.O. Box, Bldg., room No., if any: Street: City: State: ZIP Code + 4: | | 1. | | |
| | | | Add Another Person | | |
| | Form LM-20 (2003) | | | (Page 2 of 5) | |



Form LM-20 (2003) (Page 3 of 5)

| MAIN | Sa | e Validate Add Attachments Print Form Instructions | | FILE NUMBER:68580 < > | | | | | | | |
|-----------------------|---|---|---------------------------------|-----------------------------------|--|--|--|--|--|--|--|
| ITEMS 6,7&8 | Speci | fic Activities to be performed | Add Additional Activity(Item11) | | | | | | | | |
| ITEMS 9&10 | 11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: | | | | | | | | | | |
| ITEMS 11&12 | - 1. | | | | | | | | | | |
| VALIDATION SUMMARY | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | 11d. Name and Address of person(s) through whom activities were performed: King Middle Name: | Last Name: City: | Organization: State: ZIP Code + 4 | | | | | | | |
| | | 12b. Identify subject labor organizations: Labor Organization Name: x 1. | Search by organ | nization name Q_ | | | | | | | |

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