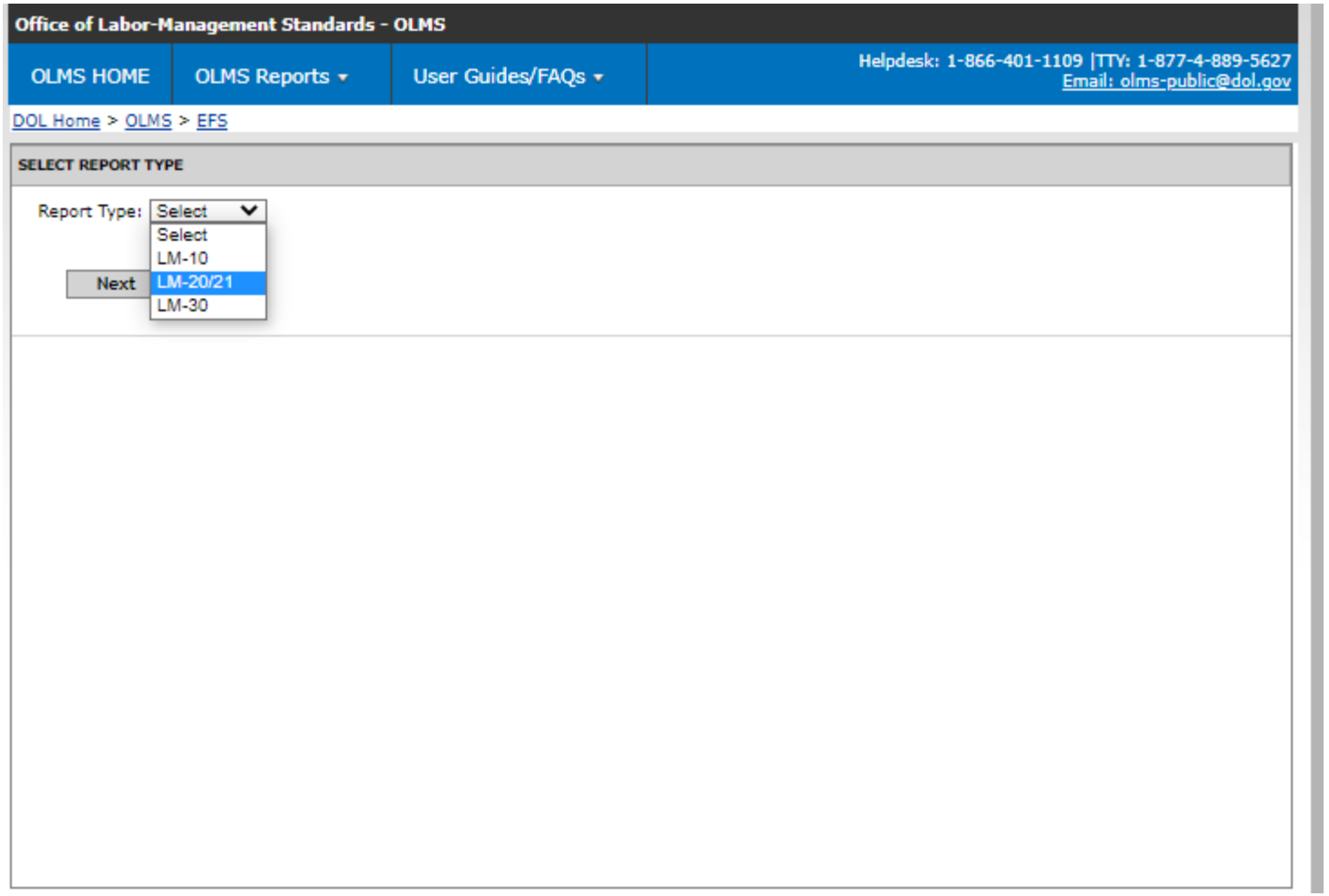
Office of Labor-Management Standards - OLMS
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LM-10
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MAIN

ITEMS 6,7&8

ITEMS 9&10

ITEMS 11&12

VALIDATION SUMMARY

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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

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).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. a. File Number: C- 68580

☐ Amended Report

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

First Name: EFS
Middle Name:
Last Name: Support
Title: test
Organization: EFS Support
P.O. Box, Bldg., Room No., if any:
Street: 200 Constitution Ave NW
City: washington
State: DC
ZIP Code: 20210

3. Any other address where records necessary to verify this report are kept:

First Name:
Middle Name:
Last Name:
Title:
Organization:
P.O. Box, Bldg., Room No., if any:
Street:
City:
State:
ZIP Code:

4. Date fiscal year ends: /

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 (If other title, see instructions)
Date: Telephone Number:

14. SIGNED: TREASURER (If other title, see instructions)
Date: Telephone Number:

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Search by employer name | Find, Add or Edit Employer

First Name: Middle Name: Last Name:

Organization:

Trade Name, if any:

P.O. Box, Bldg., room No., if any: Street:

City: State: ZIP Code + 4:

7. Date entered into:

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

First Name: Middle Name: Last Name:

1.

Add Another Person

Nature of Agreement or Arrangement (Continuation)

9. Check the appropriate box(es) 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 by clicking the "Add Attachments" link at the top of the form.)

☐ Written Agreement/Arrangement

MAIN

ITEMS 6,7&8

ITEMS 9&10

ITEMS 11&12

VALIDATION SUMMARY

Save | Validate | Add Attachments | Print | Form Instructions

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Specific Activities to be performed

Add Additional Activity(Item11)

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

- 1.

a. Nature of activity:

11b. Period during which activities performed:

11c. Extent performed:

11d. Name and Address of person(s) through whom activities were performed:

	First Name:	Middle Name:	Last Name:	Organization:
1.				

P.O. Box, Bldg., Room No., if any	Street:	City:	State:	ZIP Code + 4

Add Another Person

12a. Identify subject groups of employees:

12b. Identify subject labor organizations:

Labor Organization Name:

1.

Search by organization name