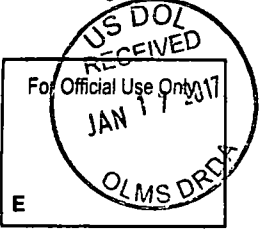


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

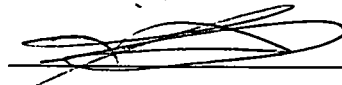
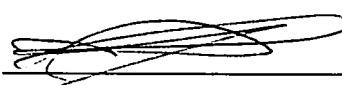
1. File Number: C- 66578

Person Filing	
<p>2. Name and mailing address (include ZIP Code):</p> <p>Name</p> <p>Title</p> <p>Organization Sparta</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8086 South Yale Ave suite 225</p> <p>City Tulsa</p> <p>State Oklahoma ZIP Code + 4 74136</p>	<p>3. Any other address where records necessary to verify this report are kept:</p> <p>Name</p> <p>Title</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>4. Date fiscal year ends:</p> <p>Dec / 31</p>	<p>5. Type of person:</p> <p>a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify):</p>

Nature of Agreement or Arrangement	
<p>6. Full name and address of employer with whom made (include ZIP Code):</p> <p>Name</p> <p>Organization Biery Cheese</p> <p>Trade Name, if any</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6544 Paris Ave, NE</p> <p>City Louisville</p> <p>State Ohio ZIP Code + 4 44641</p>	<p>7. Date entered into: 11 / 22 / 2016</p> <p>8. Name of person(s) through whom made:</p> <p>Name Barb Scheetz</p> <p>Name</p> <p>Name</p> <p>Name</p>

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.)

<p>13. Signed </p> <p>Title <u>President</u></p> <p>President (If other title, see instructions)</p>	<p>14. Signed </p> <p>Title <u>Treasurer</u></p> <p>Treasurer (If other title, see instructions)</p>
<p>On <u>11/25/2016</u> <u>800-555-7509</u></p> <p>Date Telephone Number</p>	<p>On <u>11/25/2016</u> <u>800-555-7509</u></p> <p>Date Telephone Number</p>

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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.):

The fee for a day rate for 4 consultant is \$375 per hour per calender day worked by each Consultant totaling \$3000 a day per Consultant x 10 days plus travel expenses with a 50% Guarantee at risk. There will be a additional \$25,000 withdrawl bonus.

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 bargin collectively.

11.b. Period during which performed:

Beginning on or about 11/30/2016

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Patrick Waninger
 Organization
 P.O. Box, Bldg., Room No., if any
 Street 301 Williams Burg Ct
 City Marlton
 State New Jersey ZIP Code + 4 08053

Additional Name and address through whom performed, if any:

Name Cesar Alarcon
 Organization Stay Free Union, 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

Specific Activities to be Performed (Continuation Page)

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 11/30/2016

11.c. Extent performed:
Ongoing

11.d. Name and address through whom performed:

Name Zak D Langren
Organization
P.O. Box, Bldg., Room No., if any
Street 14520 W. Mockingbird Ln
City Sand Springs
State Oklahoma ZIP Code + 4 74063

Additional Name and address through whom performed, if any:

Name Brandon Ahakuelo
Organization
P.O. Box, Bldg., Room No., if any P.O. Box 11952
Street
City Honolulu
State Hawaii ZIP Code + 4 96828

Additional Name and address through whom performed, if any:

Name Ramon Suarez
Organization
P.O. Box, Bldg., Room No., if any
Street 382 Nome Ave
City Staten Island
State Pennsylvania ZIP Code + 4 10314

Additional Name and address through whom performed, if any:

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

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

Unknown