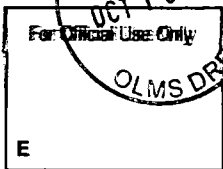


FORM LM-20

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. 435 or 442. 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.

628725

1. File Number: C 66660

Person Filing

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

Name KHANH TRAN

Title CONSULTANT

Organization

P.O. Box, Bldg., Room No., if any P.O. Box 1501

Street

City LAKE FOREST

State CA ZIP Code + 4 92609

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

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 16

5. Type of person:

a. ☒ Individual b. Partnership c. Corporation d. Other (Specify):

Nature of Agreement or Arrangement

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

Name SANDERSON ADAMS

Organization TACTICAL ADVISORY Group

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 28 WEST ORCHARD

City Ft Mitchell

State Kentucky ZIP Code + 4 41011

7. Date entered into:

8 / 14 / 2016

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

Name

Name

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

President
(If other title, see instructions)

Title ~~President~~ Consultant

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On 9/14/2016

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. ☒ 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.):

Verbal agreement to provide education to employees regarding their Rights under Section 7 of National Labor Relations Act and Collective Bargaining.

Specific Activities to be Performed

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

a. Nature of activity:

to provide direct employee education regarding their Sec. 7 Rights under the National Labor Relations Act and Collective Bargaining

11.b. Period during which performed:

Various days beginning 8/15/2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name **CARINA HUNT**
Organization **C. Hunt management consulting Inc.**
P.O. Box, Bldg., Room No., if any
Street **909 champion Ct.**
City **Roanoke**
State **TEXAS** ZIP Code + 4 **76262**

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:

Registered Nurses

12.b. Identify subject labor organizations:

PASNAP