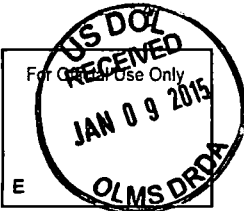


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

574951

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65580

Person Filing

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

Name Todd A Lyon

Title Secretary/Treasurer

Organization National Employment Resources

P.O. Box, Bldg., Room No., if any Suite 2300

Street 601 SW 2nd Ave

City Portland

State Oregon

ZIP Code + 4 97204

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 / 31

5. Type of person:

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

Nature of Agreement or Arrangement

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

Name Cindy Cour

Organization EmpRes Healthcare

Trade Name, if any

P.O. Box, Bldg., Room No., if any Suite 300

Street 4601 NE 77th Ave

City Vancouver

State Washington

ZIP Code + 4 98662

7. Date entered into:

12 / 17 / 2014

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

Name Cindy Cour

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

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

01/05/15
Date

503-276-2101
Telephone Number

On

1/5/15
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.):

\$350 hourly fee

Specific Activities to be Performed

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

a. Nature of activity:

Persuader activity as described in 9(a) above, including meeting with employees

11.b. Period during which performed:

December 2014/January 2015

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Todd A Lyon
Organization National Employment Resources
P.O. Box, Bldg., Room No., if any Suite 2300
Street 601 SW 2nd Ave
City Portland
State Oregon ZIP Code + 4 97204

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:

Certified Nurse Assistant, Restorative Nursing Assistant, Cook, Dietary Aide, Dishwasher, Maintenance Assistant, Laundry Employees, Housekeeper, Activities Assistant, and Janitor

12.b. Identify subject labor organizations:

United Long Term Care Workers