



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001

12/31/86

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).

File No.

C.

454

A. Person Filing

1. Name and mailing address (include ZIP code):

ROBERT L. MORRIS
ELKINS BUSINESS CONSULTANTS, INC.
13 WEST RIDGE DR.
ELKINS, WV 26241

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

DAVID A. SIMS, ATTORNEY
1200 HARRISON AVE. SUITE 2000
PO Box 2459
ELKINS, WV 26241

3. Date fiscal year ends:

12/31/01

4. Type of person:

a. ☐ Individualb. ☐ Partnershipc. ☒ Corporationd. ☐ Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

GRANT MEMORIAL HOSPITAL
PO Box 1019
PETERSBURG, WV 26847

6. Date entered into:

5-18-2001

7. Names of persons through whom made:

ROBERT L. HARMAN

8. 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.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

RETAINED by GRANT MEMORIAL HOSPITAL TO CONSULT WITH ADMINISTRATION AND INFORM EMPLOYEES & SUPERVISORS OF THEIR RIGHTS & RESPONSIBILITIES. DISCUSSED UNIONIZATION AND ITS EFFECT ON HEALTH CARE & HEALTH CARE FACILITIES \$55.00 PER HOUR

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity:

TRAINING SESSIONS & CONSULTING WITH SUPERVISORS & ADMINISTRATION. MEETINGS W/ EMPLOYEE GROUPS & INDIVIDUAL EMPLOYEES. GENERATE CAMPAIGN LITERATURE. REVIEWED POLICIES & PROCEDURES & PRACTICES. REVIEWED BENEFITS

b. Period during which performed:

5-18-01 THRU 6-19-01

c. Extent performed:

CONCLUDED

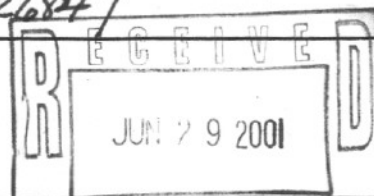
d. Names and addresses of persons through whom performed:

ROBERT L. HARMAN
ADMINISTRATOR / CEO

GRANT MEMORIAL HOSPITAL
PO Box 1019
PETERSBURG, WV 26847

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

- a) EMPLOYEES OF GRANT MEMORIAL HOSPITAL
b) SEIU / DISTRICT 1199, AFL-CIO



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed:

President

(If other title, cross out and write in correct title above.)

City: ELKINS

State: WV

Date: 6-25-01

Signed:

Treasurer

(If other title, cross out and write in correct title above.)

City: ELKINS

State: WV

Date: 6/25/01