

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

For Official Use Only



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

459110

1. File Number:

C- 703

Person Filing

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

Name BYRON CLAY
Title President
Organization BSC & Associates, INC
P.O. Box, Bldg., Room No., if any
Street 10108 Fehlberg Ct
City ST John
State IN ZIP Code + 4 46373

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:

12 / 31

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 GARY LESNEWSKI
Organization Cooper Health System
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 3 COOPER PLAZA #316
City CANDA
State NJ ZIP Code + 4 08103

7. Date entered into:

3 / 28 / 11

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

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

3/27/11

Date

(219) 365-9457

Telephone Number

On

3/27/11

Date

(219) 365-9457

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 conduct meetings with employees and to consult with Cooper about employee rights concerning organizing

Specific Activities to be Performed

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

a. Nature of activity:

Conduct employee meeting informing employees of their right to organize or not organize. Educate employees about unionization

11.b. Period during which performed:

Various days beginning March 29, 2011

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name *LPI Consulting Service, Inc*

Organization

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

Street *7850 S. Elm Place*

City *Broken Arrow*

State *OK* ZIP Code + 4 *74011*

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:

Service and maintenance/non Professional employees

12.b. Identify subject labor organizations:

UFCW