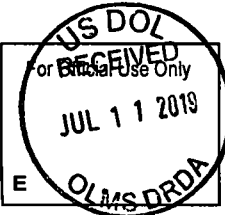


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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



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.

706799

1. File Number: C- 00676

### Person Filing

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

Name Adriana Ortiz  
Title Managing Partner  
Organization Solutions Labor Relations Consultants LL  
P.O. Box, Bldg., Room No., if any Suite 210-106  
Street 7426 Cherry Avenue  
City Fontana  
State California ZIP Code + 4 92336

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 / 18

5. Type of person:

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

### Nature of Agreement or Arrangement

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

Name Michael Freiman  
Organization DaVita, Inc.  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 15271 Laguna Canyon Road  
City Irvine  
State California ZIP Code + 4 92618

7. Date entered into:

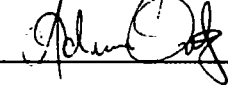
10 / 4 / 2016

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

Name Peter List  
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   
Title Managing Partner  
President (If other title, see instructions)

14. Signed \_\_\_\_\_  
Title \_\_\_\_\_  
Treasurer (If other title, see instructions)

On 7/6/2019 909-910-5585  
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.):

Oral agreement made with Kulture Consulting, LLC; \$245. per hour, plus actual and reasonable expenses.

#### Specific Activities to be Performed

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

a. Nature of activity:

Traveled to employer; met with employees; provided information to employees relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process and collective bargaining; answered questions.

11.b. Period during which performed:

Various Dates

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Peter List  
Organization Kulture Consulting, LLC  
P.O. Box, Bldg., Room No., if any P.O. Box 2877  
Street  
City Pawleys Island  
State South Carolina ZIP Code + 4 29585

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:

Teammates employed by the employer at various locations.

NO PETITION

12.b. Identify subject labor organizations:

Service Employees International Union, United Nurses Association of California, and California Association of Nurses