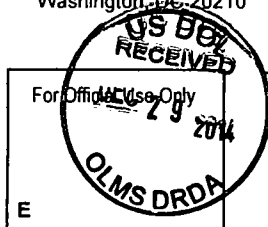


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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)

574463

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00763

Person Filing

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

Name James E Needles
Title President
Organization Employee Relations Group, Inc.
P.O. Box, Bldg., Room No., if any 146
Street 322 Culver Blvd
City Playa Del Rey
State California ☒ ZIP Code + 4 90293-7704

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):

Nature of Agreement or Arrangement

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

Name Carlos A Restrepo
Organization Persuasive Communications, Inc.
Trade Name, if any
P.O. Box, Bldg., Room No., if any 7599
Street 1424 W. Price Rd
City Brownsville
State Texas ☒ ZIP Code + 4 78520-8763

7. Date entered into:

1 / 1 / 2013

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

James E Needles
Title President

President
(If other title, see
instructions)

14. Signed

Treasurer
Title Treasurer

Treasurer
(If other title, see
instructions)

On 12/21/14 310-251-8215
Date Telephone Number

On
Date Telephone Number

Saf Windsor Palms

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.):

To inform employees, executives, managers and supervisors of their rights, duties and responsibilities under Section 7 of the National Labor Relations Act.

Specific Activities to be Performed

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

a. Nature of activity:

Conducted informational meetings with employees, executives, managers and supervisors and distributed National Labor Relations Board documents and pamphlets, discussed collective bargaining, union membership, rules and costs, secret ballot elections, unfair labor practices, boycotts, strikes and corporate campaigns.

11.b. Period during which performed:

September 2012

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Carlos A Restrepo
Organization Persuasive Communications, Inc.
P.O. Box, Bldg., Room No., if any 7599
Street 1424 W. Price Rd
City Brownsville
State Texas ZIP Code + 4 78520-8673

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:

Employees, managers, supervisors and executives of SnF Windsor Palms Care, Artesia

12.b. Identify subject labor organizations:

SEIU

SnF Windsor Palms