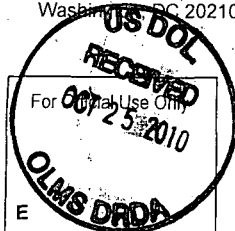


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

438426

1. File Number: C- 707

Person Filing

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

Name Mary L Holden

Title consultant

Organization Mary L Holden, HR/ER consultant

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

Street 1090 Willow Grove Ct

City Rochester Hills

State Michigan

ZIP Code + 4 48307

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 David Stobb

Organization Autumnwood of Livonia

Trade Name, if any

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

Street 4000 Town Center Dr. Suite 700

City Southfield

State Michigan

ZIP Code + 4 48075

7. Date entered into:

9 / 9 / 2010

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

Mary L Holden

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

10/16/2010

Date

2484595700

Telephone Number

On

Date

Telephone Number

Filer: Mary Holden Mary L Holden, HR/ER consultant

File Number C-

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.):

Specific Activities to be Performed

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

a. Nature of activity:

11.b. Period during which performed:

various days beginning 9/14/2010

11.c. Extent performed:

Through 10/4/2010

11.d. Name and address through whom performed:

Name Phil Wilson

Organization L.R.I.

P.O. Box, Bldg., Room No., if any P.O. Box 1529

Street 7850 South Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 74013

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:

LPNs

12.b. Identify subject labor organizations:

SEIU Healthcare Michigan