U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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.

655459

Person Filing 2. Name and mailing address (include ZIP Code): Name Mahlah Hansen Title Office Administrator Organization HMD Consulting Services P.O. Box, Bidg, Room No, if any Street 18530 Mack Avenue, Suite 253 City Grosse Pointe Farms State Michigan ZIP Code + 4 48236 State ZIP Code + 4 48236 State ZIP Code + 4 48236 State ZIP Code + 4 5 State ZIP Code + 4 Sta	OS DROP	<u> </u>
2. Name and mailling address (include ZIP Code): Name Mahlah Hansen Title Office Administrator Organization MMD Consulting Services Organization MMD Consulting Services P.O. Box, Bidg., Room No., if any Street 18530 Mack Avenue, Suite 253 City Grosse Pointe Farms City State Michigan 2IP Code +4 48236 4. Date fiscal year ends: Dec / 31	1. File Number: C- 66912	
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Street 18530 Mack Avenue, Suite 253 City Grosse Pointe Farms State Michigan 2IP Code + 4 48236 State ZIP Code + 4 18236 A Date fiscal year ends: 5. Type of person: a Individual b Partnership c C Corporation d Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Diana Steel Organization West Hills Hospital Trade Name, if any P.O. Box, Bidgs, Room No., if any Street 7300 Medical Center Drive City West Hills State Zalifornia ZIP Code + 4 91307 Signatures 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. Gee Section VII on penalties in the instructions) 13. Signed President (if other title, see instructions) Tritle Other (Specify) Treasurer (if other title, see instructions) Tritle Treasurer Treasurer Treasurer (if other title, see instructions)	Organization HMD Consulting Services	Organization
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Date Telephone Number Date Telephone Number	On 5/15/2017 602-820-2611	On 5/15/2017 602-820-2611 .
	Date Telephone Number	Date Telephone Number

Filer: Mahlah Hansen	File Number C- 669/2	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: Output		
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.): The company was employed on a per hour basis pursuant to an oral contract.		
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: To inform bargaining unit employees of their rights as described by the NLRA; to choose whether or not they wish to be represented for the purpose of collective bargaining.		
11.b. Period during which performed:		
4/30/17 - uncertain	11.c. Extent performed: near completion	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name W Slater	Name	
Organization HMD Consulting Services	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 18530 Mack Avenue, Suite 253	Street	
City Grosse Pointe Farms	City	
State Michigan ZIP Code + 4	State ZIP Code + 4	
12.a. Identify subject groups of employees: Registered Nurses	12.b. Identify subject labor organizations: Service Employees International Union, UHW	
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