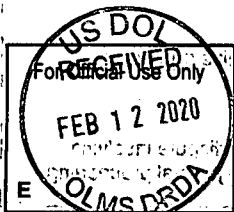


AGREEMENT AND ACTIVITIES REPORT



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.

1. File Number: C- 68054

Person Filing

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

Name Ben Johnson  
Title President  
Organization Progressive Labor Solutions  
P.O. Box, Bldg., Room No., if any  
Street 55 BISS ST  
City Barre  
State VT ZIP Code + 4 05641

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): LLC

Nature of Agreement or Arrangement

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

Name Tufts Medical Center  
Organization  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 800 Washington St  
City Boston  
State MA ZIP Code + 4 02111

7. Date entered into:

11/4/19

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

Name Zachary Redmond  
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 President  
President  
(If other title, see instructions)

14. Signed

Title Treasurer  
Treasurer  
(If other title, see instructions)

On 12/1/19 802-825-5864  
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.):

Specific Activities to be Performed

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

a. Nature of activity: **Educational meeting regarding NLRA**

11.b. Period during which performed:

**11/19 - 12/19**

11.c. Extent performed:

**Completed**

11.d. Name and address through whom performed:

Name: **Zachary Redmond**  
 Organization: **tufts medical center**  
 P.O. Box, Bldg., Room No., if any:  
 Street: **800 Washington ST**  
 City: **Boston**  
 State: **MA** ZIP Code + 4: **02111**

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 Unit**

12.b. Identify subject labor organizations:

**UPCW**