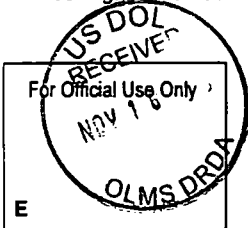


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



600940

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- 00691

Person Filing

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

Name Carina Hunt

Title President

Organization C Hunt management Consulting Inc

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

Street 821 E Dove Loop Rd

City Grapevine

State Texas ZIP Code + 4 76051

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 Darron Treude

Organization Novato Healthcare Center

Trade Name, if any

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

Street 1565 Hill Rd

City Novato

State California ZIP Code + 4 94947

7. Date entered into:

9 / 10 / 2015

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

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

10/25/15
Date

7143104080

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.):

Verbal Agreement. All services performed at an hourly rate plus reasonable expenses.

Specific Activities to be Performed

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

a. Nature of activity:

To communicate with employees regarding their section 7 rights under the national labor relations act

11.b. Period during which performed:

9/10/2015 thru 10/15/2015

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

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:

Various employees

12.b. Identify subject labor organizations:

NUHW

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

To communicate with employees regarding their section 7 rights under the national labor relations act

11.b. Period during which performed:

9/10/2015 thru 10/15/2015

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Khanh

Tran

Organization

P.O. Box, Bldg., Room No., if any 1501

Street

City Lake Forest

State California

ZIP Code + 4 92609

Additional Name and address through whom performed, if any:

Name Jose

Salgado

Organization LSB LLC

P.O. Box, Bldg., Room No., if any 612

Street 4504 W Spruce St

City Tampa

State Florida

ZIP Code + 4 33607

Additional Name and address through whom performed, if any:

Name Sherwood

Cox

Organization

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

Street 14426 Silverbrook Drive

City Tustin

State California

ZIP Code + 4 92780

Additional Name and address through whom performed, if any:

Name Evelyn

Fragozo

Organization Quality Labor Solutions

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

Street 6255 Condon Ave

City Los Angeles

State California

ZIP Code + 4 90056

12.a. Identify subject groups of employees:

Various employees

12.b. Identify subject labor organizations:

NUHW