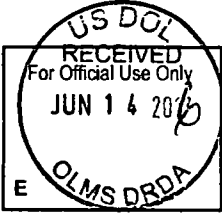


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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



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)

622421

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 67196

Person Filing

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

Name Peter J Tollini
Title Managing Partner
Organization Parker James, LLC
P.O. Box, Bldg., Room No., if any #613
Street 10816 Town Center Blvd
City Dunkirk
State Maryland ZIP Code + 4 20754

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): LLC

Nature of Agreement or Arrangement

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

Name Gary Knight
Organization Via Christi Health, Inc
Trade Name, if any
P.O. Box, Bldg., Room No., if any Suite 1963
Street 848 N. Francis St
City Wichita
State Kansas ZIP Code + 4 67214-3800

7. Date entered into:

11 / 13 /

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

Name Gary Knight
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 Managing Partner

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 1/26/2016 410-919-9400
Date Telephone Number

On Date Telephone Number

565

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.):

Present information to employees at times and places designated by the employer.

Specific Activities to be Performed

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

a. Nature of activity:

Present pre-petition information concerning the NLRA and the union election process to various employees

11.b. Period during which performed:

11/13/2015-11/23/2015

11.c. Extent performed:

Presented

11.d. Name and address through whom performed:

Name Gary Knight

Organization Via Christi Health, Inc

P.O. Box, Bldg., Room No., if any Suite 1963

Street 848 N. Francis St

City Wichita

State Kansas ZIP Code + 4 67214-3800

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

12.b. Identify subject labor organizations:

Various