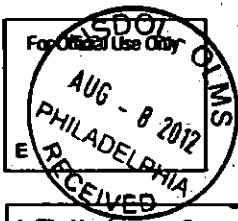


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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.

1. File Number: C-184 537221

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Salvatore Clemente	3. Any other address where records necessary to verify this report are kept:
Title	Name
Organization	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 1729 Ryerson Avenue	P.O. Box, Bldg., Room No., if any
City Scranton	Street
State Pennsylvania	City
ZIP Code + 4 18509	State
ZIP Code + 4	
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	7. Date entered into: 3 / 30 / 2012
Organization Niagara Lutheran Health & Rehabilitation	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 64 Bagar Street	Name
City Buffalo	Name
State New York	Name
ZIP Code + 4 14208	

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 <u>[Signature]</u>	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title Sole Proprietor		Title _____	
On <u>7-10-12</u>	Telephone Number <u>570-840-9397</u>	On _____	Telephone Number _____
Date		Date	

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. \$1500 per day - plus reasonable travel expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 3/31/12

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services Inc

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

Street 7850 S Elm Place, Suite E

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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:

Pre-Petition