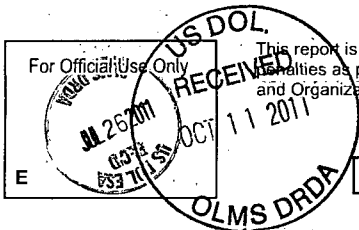


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil liabilities 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- 691

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 701 Love Henry Court
City Southlake
State Texas ☒ ZIP Code + 4 76092

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 ☒ / 7

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 Scott Day
Organization Exempla Lutheran Medical Center
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 8500 W. 38th Ave
City Wheat Ridge
State Colorado ☒ ZIP Code + 4 80033

7. Date entered into:

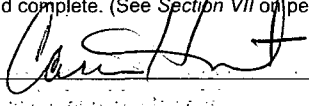
07 / 01 / 2007

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

Name Mary Yarbrough
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 
Title President ☒

14. Signed _____
Title d ☒

On 07/18/2011 714-310-4080
Date Telephone Number

On _____
Date Telephone Number

Filer: Carina Hunt C. Hunt Management Consulting Inc

File Number C-

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.):

To provide education for employees regarding their section 7 rights under the National Labor Relations Act

Specific Activities to be Performed

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

a. Nature of activity:

To provide education for employees regarding their section 7 rights

11.b. Period during which performed:

07/03/2007

11.c. Extent performed:

one hour

11.d. Name and address through whom performed:

Name Mary Yarbrough

Organization Educational services

P.O. Box, Bldg., Room No., if any 10682

Street

City Zephyr Cove

State Nevada

☒ ZIP Code + 4 89448

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:

All hospital employees

12.b. Identify subject labor organizations:

National Nurses Organizing Committee, Service Employees International Union, United Food and Commercial Workers Union