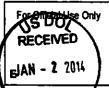
O.o. புமையாளா ராடிகமா Office of Labor-Management Standards Washington, DC 20210

FURM LM-2U **AGREEMENT AND ACTIVITIES REPORT**

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)

EJAN - 2 2014 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
538999	
1. File Marinet. C- (25717	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Nekeya Nunn	Name
Title President	Title
Organization Gideon Group Consulting	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any
Street 390 N Orange Ave Ste 2300	Street
City Orlando	City
State Florida ZIP Code + 4 32801	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 13 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 Greg Ohe	7. Date entered into: 10 / 14 / 2013
Organization Health Central Park Nursing Home	8. Name of person(s) through whom made:
Trade Name, if any	Name Greg Ohe
P.O. Box, Bldg., Room No., if any	Name
Street 411 N. Dillard St	Name
City Winter Garden	Name
State Florida ZIP Code + 4 34787	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 contains the any accompanying the currents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See Section 1) on penalties in the instructions.)	
President (If other title, see	14. Signed Treasurer (If other title, see
Title President Instructions)	Title instructions)
	·
On 11/18/2013 (407)460-6316	On
Date Telephone Number	Date Telephone Number

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9	
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.	
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.): Gideon Group Consulting will have one consultant at the location being paid on a per hour basis per an oral contract. we may also utilize 2 part time consultants as needed for language translation and interpretation as needed and requested by client.	
	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a Nature of activity: To educate RCP employees concerning their Section 7 rights under the National Labor Relations Act to form, join, or assist labor organizations, to bargain collectively or engage in other activities for their mutual aide or protection and the right to refrain from doing so. To enhance the business literacy of the workforce and educate employees on what it means if they complete a union authorization card.	
11.b. Period during which performed: October and November 2013	11.c. Extent performed: ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Marie M Leverve	Name Rosari Mastre
Organization	Organization
P.O. Box, Bidg., Room No., if any	P.O. Box, Bidg., Room No., if any
Street 391 Clark St	Street 2808 Regal Lane
City Bridgeport	City Oviedo
State Connecticut ZIP Code + 4 06606	State Florida ZIP Code + 4 32765
12.a. Identify subject groups of employees: All Full time and part time RN's, LPN's and CNA's, dietary, and housekeeping staff.	12.b. Identify subject labor organizations: SEIU 1199 and CNA/NNOC