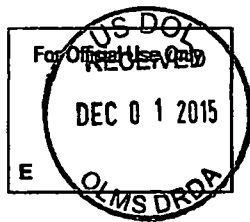


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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)

601383

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Amended

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 125 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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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 Kristy kelly Organization Rideout Memorial Hospital Trade Name, if any P.O. Box, Bldg., Room No., if any Street 726 4th Street City marysville State California ZIP Code + 4 95901	7. Date entered into: 3 / 18 / 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 Title President On 10/20/15 Date 7143104080 Telephone Number	14. Signed _____ Title Treasurer On _____ Date Telephone Number
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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.
Written

Specific Activities to be Performed

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

a. Nature of activity:

To educate employees regarding their section 7 rights under the national labor relations act and collective bargaining

11.b. Period during which performed:

4/6/2015 thru 5/15/2015

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

12.a. Identify subject groups of employees:

service and technical employees

12.b. Identify subject labor organizations:

SEIU UHW

March 18, 2015

Dear Kristy,

Thank you for your interest in partnering with me for your labor relations needs.

Estimated Projected Cost

Scope of Work: Provide consulting services to assist with both pre-petition and campaign work for union avoidance.

There are two options for payment:

1. \$200 per hour with hourly rate plan.
2. \$2500 daily rate. (if less than 5 hours will bill for half day or \$1250)

The above assumes a ten to fourteen hour work day. All services will bill bi-monthly as incurred.

Expenses are billed at cost and include but are not limited to:

1. Transportation portal-to-portal including: air, auto rental, local transport (taxi, shuttles, etc.,) and mileage @ .58/mi.
2. Lodging.
3. Meals.
4. Miscellaneous expenses specific to case, i.e., research, NLRA guides, postage, Federal Express, clerical, etc.

C. Hunt Management Consulting Inc. will forward its invoices bi-monthly. All invoices are due and payable within 14 days of receipt. You shall, at all times have the right to terminate **C. Hunt Management Consulting Inc.**'s services upon written notice to that effect. **C. Hunt Management Consulting Inc.** shall, at all times have the right to terminate our engagement if management fails to cooperate with us in any way which we may reasonably request, fails to timely pay statements for fees and costs, or in the event that we determine, totally within our discretion, that it would be unethical or impractical to continue our engagement. Both parties agree that this agreement shall be deemed fully enforceable and governed by the applicable laws of the State of Texas. Further, in the event of any material dispute arising out of this Agreement, specifically **Freemont Rideout Hospital**, agrees that it will be liable for any and all legal fees incurred by **C. Hunt Management Consulting Inc.** If the foregoing terms and conditions are acceptable to you, please sign, date, and return two copies of this agreement to our office.

Thank you for the opportunity to present this proposal. Clients who share your comprehensive view and commitment to a positive employee relations environment are most likely to remain union free! We look forward to working with you.

Very truly yours,

Carina Hunt
President, C. Hunt Management Consulting Inc.

**C. Hunt Management Consulting Inc.,
821 E Dove Loop Rd #125
Grapevine Texas, 76051
Cell: 714-310-4080**

The Terms and conditions of this Letter of Engagement are accepted and agreed to this day

27th of March, 2014, in the county of Yuba

City Marysville, State California

By:


Robert Chason, CEO
Rideout Health

3/26/15
Date

By:


Carina Hunt, President
C. Hunt Management Consulting Inc.

3-28-15
Date

C. Hunt Management Consulting Inc,
821 E Dove Loop Rd #125
Grapevine Texas, 76051
Cell: 714-310-4080