

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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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)

602825

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-703

Person Filing

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

Name Byron J
Title President
Organization _____
P.O. Box, Bldg., Room No., if any _____
Street 10108 fehlberg Court
City Saint John
State Indiana ☒ ZIP Code + 4 46373

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 ☒ / 0

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

7. Date entered into:

12 / 10 / 15

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

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 12/23/2015

Date

219-577-7420

Telephone Number

On 12/23/2015

Date

219-577-7420

Telephone Number

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.):

No written agreement. We were engaged by LRI to educate employees regarding their decision on whether or not to vote for a union.

Specific Activities to be Performed

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

a. Nature of activity:

Held meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to vote for a union.

11.b. Period during which performed:

various days beginning 12/18/2015

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Byron J Clay

Organization BJC & Associates, Inc.

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

Street 10108 fehlberg court

City Saint John

State Indiana ZIP Code + 4 46373

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