

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

For Official Use Only



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. 438 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- 00591

330516

Person Filing

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

Name Paul Murray

Title President

Organization Healthcare Strategies, LLC

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

Street 7113 West 135th Street, # 111

City Overland Park

State Kansas

ZIP Code + 4 66212

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 Glenn Maul

Organization Brookdale Senior Living

Trade Name, if any

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

Street 6737 W. Washington Street, # 2300

City Milwaukee

State Wisconsin

ZIP Code + 4 53214

7. Date entered into:

5 / 4 / 2007

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

Paul Murray

Title President

President
(If other title, see
instructions)

14. Signed

Title P

Treasurer
(If other title, see
instructions)

On 5/4/2007

Date

(913) 269-7042

Telephone Number

On

Date

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.):

Communicate to employer associates

Specific Activities to be Performed

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

a. Nature of activity:

To answer employee questions

11.b. Period during which performed:

May 15- December 31, 2007

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization Healthcare Strategies

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

Street 7113 West 135th Street # 111

City Overland Park

State Kansas

ZIP Code + 4 66213

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:

Associates

12.b. Identify subject labor organizations:

1199