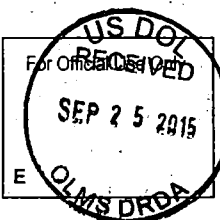


FORM LM-20

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)

598909

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-66642

Person Filing

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

Name

Title

Organization Hardin, Jesson & Terry, PLC

P.O. Box, Bldg., Room No., if any P.O. Box 10127

Street 5000 Rogers Avenue, Suite 500

City Fort Smith

State Arkansas

ZIP Code + 4 72903-0127

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. ☐ 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 Cindy

Jayroe

Organization Atkins Care Center, Inc.

Trade Name, if any Atkins Nursing and Rehabilitation

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

Street 605 Northwest 7th Street

City Atkins

State Arkansas

ZIP Code + 4 72823

7. Date entered into:

8 / 12 / 2015

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

Name Cindy

Jayroe

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 203(b) on penalties in the instructions.)

13. Signed

Title Managing Partner

~~President~~
(If other title, see instructions)

14. Signed

Title Other (Specify)

Partner

~~Treasurer~~
(If other title, see instructions)

On

9/10/15

Date

(479) 452-2200

Telephone Number

On

9/10/15

Date

(479) 452-2200

Telephone Number

Filer: Hardin, Jesson & Terry, PLC	File Number C-
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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. Our firm has furnished legal advice to this client for several years. The client requested legal representation during union's organizational campaign at client's facility in Atkins, Arkansas. For all work performed, all billing was based on the assigned attorney's standard hourly rate plus expenses. The law firm's representation of the client was at the will of both parties.

Specific Activities to be Performed

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

a. Nature of activity:

Stephanie Randall of our firm assisted the client throughout the duration of the union's campaign, including the NLRB conducted election on September 2, 2015 in Case No. 15-RC-157446. Ms. Randall responded to questions, attended employee meetings during which she answered questions as to legal matters, provided advice to the client as to legal matters, spoke about relevant campaign matters, assisted with campaign matters and attended the election session.

11.b. Period during which performed:

8/12/15 through 9/2/15

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Stephanie I Randall

Organization Hardin, Jesson & Terry, PLC

P.O. Box, Bldg., Room No., if any P.O. Box 10127

Street 5000 Rogers Avenue, Suite 500

City Fort Smith

State Arkansas

ZIP Code + 4 72903-0127

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:

Client's certified nursing assistant employees, laundry employees, dietary employees, housekeeping employees, and maintenance employees.

12.b. Identify subject labor organizations:

United Labor Unions Local 100