

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. Faulure to comply may result in commit prosecution, finish, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of penaltie, anduding Labor Relations Consultants and Other Individuals and Cryptolizations, Under Section 203(b) of the Labor-Management Reporting and Ottaclosus Act of 1959, as amended. (LIRROA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 359 1. File Number: Person Filing 2. Name and malling address (include ZIP Code): 3. Any other address where records necessary to verily this report are kept: Name Name Murray Title Title President Organization Organization PT&S, LLC P.O. Box, Bidg., Room No., If any 111 P.O. Box, Bidg., Room No., If any Street Street 7113 West 135th Street City CEY Overland Park ZIP Code + 4 State Kansas ZIP Code + 4 66213 State 5. Type of person: 4. Date fiscal year ends: Pertnersitip c. Corporation d. Other (Specify). LLC Individual b Nature of Agreement or Arrangement 8. Full name and address of employer with whom made (tockade ZIP Code): 7. Date entered into: 6/3/14 Mame Juliann Diamond 6. Name of person(s) through whom made: Organization St. Mary's Healthcare Мелте Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 427 Guy Park Chy Amsterdam Name ZIP Cods + 4 12010 State New York Name Stonatures 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 signatury and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on panalties in the instructions.) 13 Signed President 14. Signed Treasurer (If other title, see (If other tille, see instructions) Instructions) President Treasurer Title On Tetephone Number Date

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:	
 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 aciety in confunction with an administrative or entities proceeding or a criminal or civil judicial proceeding.	
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):	
educate employees	
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Specific Activities to be Performed	
11. For each activity, separately that in detail the information required (See instructions): a. Nature of activity:	
educate as above and enswer employee questions	
• • • • • • • • • • • • • • • • • • • •	
11.b. Period during which performed:	11.c. Extent performed:
6/4/14 to engoing	ongoing
11.d. Name and address through whom performed;	Additional Name and address through whom performed, if any:
Name	Name
Organization PTAE, LLC	Organization
P.O. Box, Bldg., Room No., if any 111	P.O. Box, Bidg., Room No., If arry
Street 7113 West 135th Street	Street
CRy Overland Park	City
State Kansas ZIP Code + 4 66213	State ZIP Code + 4
12.s. identify subject groups of employees:	12.b. Identify subject labor organizations:
Hospital employees	
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File Number C-

E Paul Murray

PTER, LLC