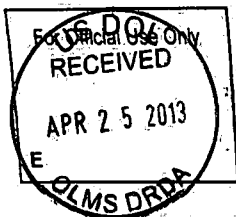


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Manager
and Budget
No. 1245-0003
Expires 10-31-201



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.

527757

1. File Number:

C-759

Person Filing

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

Name Penelope J. Familusi Jackson

Title President

Organization PJF Consulting Services Inc.

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

Street 300 Riverfront Drive

City Detroit

State Michigan

ZIP Code + 4 48226

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 Anne Gaeta

Organization Qualicenters Sioux City, LLC

Trade Name, if any d/b/a Fresenius Medical Care Siouxla

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

Street 920 Winter Street

City Waltham

State Massachusetts

ZIP Code + 4 02451

7. Date entered into:

6 / 4 / 2012

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

Name Anne Gaeta

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

President
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title

On 7/2/2012

602-820-2611

Date

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.):

Verbal agreement to provide consultation to employer and to give speeches to employees on exercising their rights to organize and bargain collectively. Terms are \$125.00 per hour plus travel expenses.

Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation to employer and to give speeches to employees regarding their rights under the NLRA.

11.b. Period during which performed:

6/18/12 - 7/13/12

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Penelope J. Familiusi-Jackson

Organization PJF Consulting Services Inc

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

Street 300 Riverfront Drive suite 21A

City Detroit

State Michigan

ZIP Code + 4 48226

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:

12.b. Identify subject labor organizations: