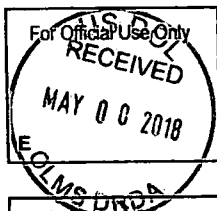


AGREEMENT AND ACTIVITIES REPORT

Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

6768785

1. File Number:

c 66699

Person Filing

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

Name: Keith Krcano
Title: CEO
Organization: Creative Solutions & Visas LLC
P.O. Box, Bldg., Room No., if any: PO Box 422812
Street:
City: Kissimmee FL
State: FL ZIP Code + 4: 34742

3. Any other address where records necessary to verify this report are kept:

Name: N/A
Title:
Organization:
P.O. Box, Bldg., Room No., if any:
Street:
City:
State: ZIP Code + 4:

4. Date fiscal year ends:

12 / 2016

5. Type of person:

a. Individual b. Partnership c. Corporation d. Other (Specify): LLC

Nature of Agreement or Arrangement

Verbal

6. Full name and address of employer with whom made (include ZIP Code):

Name: Golden Living Nursing Center
Organization: St Louis, MO
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street: 3201 Virginia South
City: St Louis Park
State: MN ZIP Code + 4: 55426

7. Date entered into:

2 / 19 / 16

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

Name: Keith Jewel
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
(If other title, see instructions)

On

6/1/16 (732) 3891439
Date Telephone Number

On

Date Telephone Number

Filer: *Creative Solutions & Vision LLC*

File Number *C-66659*

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.):

To educate employees of their rights under the NLRA

Specific Activities to be Performed

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

a. Nature of activity:

NLRA *① Held meetings using the Basic Guide to the NLRA*

11.b. Period during which performed:

2/19/16

11.c. Extent performed:

3/25/16

11.d. Name and address through whom performed:

Name

Golden Living Nursing Care

Organization

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

Street

3201 Virginia South

City

St Louis Park

State

MN

ZIP Code + 4

55426

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:

Hourly Service Employees

12.b. Identify subject labor organizations:

SEIU