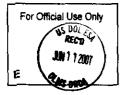
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

AGREEMENT AND ACTIVITIES REPORT

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



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.

1. File Number: C- 00591 3305 /6	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Paul Murray	Name
Title President	Titte
Organization Healthcare Strategies, LLC	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7113 West 135th Street, # 111	Street
City Overland Park	City
State Kansas ZIP Code + 4 66212	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 7 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):	7. Date entered into: 5 / 4 / 2007
Name Glenn Maul	8. Name of person(s) through whom made:
Organization Brookdale Senior Living Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 6737 W. Washington Street,# 2300	Name
City Milwaukee	Name
State Wisconsin ZIP Code + 4 53214	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	14. Signed Treasurer (If other title, see
Title President instructions)	Title P instructions)
On 5/4/2007 (913)269-7042	On
Date Telephone Number	Date Telephone Number

File: Paul Murray Healthcare Strategies, LLC	File Number C- 00591	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or ind rectly:		
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:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization Healthcare Strategies	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 7113 West 135th Street # 111	Street	
City Overland Park	City	
State Kansas ZIP Code + 4 66213	State ZIP Code + 4	
Spie ransas Zir Code + 4 66213	State ZIF Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject abor organizations:	
Associates	1199	