FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00753

Person Filing

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

Name James Misercola

Title Consultant

Organization Labor Educators LLC

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

Street 325 Walnut Street

City Bridgewater

State Massachusetts   ZIP Code + 4   02324

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

Organization Jacksonville Health and Rehab

Trade Name, if any NHS Management LLC

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

Street 410 Wilson Drive SW

City Jacksonville

State AL   ZIP Code + 4   36265

7. Date entered into:

5 / 20 / 2016

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

Name Jan Stewart

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 Consultant

On 8/25/2017   877-525-2920
Date   Telephone Number

14. Signed _____ Treasurer
(If other title, see instructions)

Title _____

On _____   _____
Date   Telephone Number

Form LM-20 (2003)

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 made through LRI Consulting Services, Inc. $1,500 per day plus reasonable travel expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:	11.c. Extent performed:
various days beginning 5/23/16	Fully Performed

11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Phillip B Wilson	Name
Organization LRI Consulting Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 South Elm Place, Suite E	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4

12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
CNA's	Steelworkers, Paper, Rubber, Manufacturing, Energy Workers