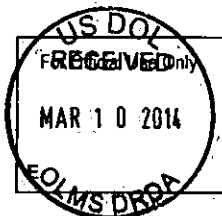


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

543527

1. File Number: C-605802

Person Filing	
2. Name and mailing address (include ZIP Code): Name Title Organization International Labor Relations P.O. Box, Bldg., Room No., if any Street 8086 South Yale Ave Suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136	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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Augustana Care Trade Name, if any P.O. Box, Bldg., Room No., if any Street 1007 East 14th Street City Minneapolis State Minnesota ZIP Code + 4 55404	7. Date entered into: 7 / 25 / 2013 8. Name of person(s) through whom made: Name Michael R Johnson 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 On 08/20/2013 Date 800-555-7509 Telephone Number	14. Signed Title Treasurer On 08/20/2013 Date 800-555-7509 Telephone Number
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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.):

See attached agreement

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Engaged to inform employees in the voting unit regarding exercising their rights to organize and bargain collectively.	
11.b. Period during which performed:	11.c. Extent performed:
Beginning on or about 7/30/13	Completed/Fully Performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name Christian Blaine Teague
Organization Clegg & Associates Management Group	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 25889 152nd Street	Street 8086 South Yale Avenue Suite 225
City Surrey, BC, CA V3S0A4	City Tulsa
State ZIP Code + 4	State Oklahoma ZIP Code + 4 74136
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees eligible to vote in the bargaining unit	American Federation of State, County, and Municipal Employees MN Council 5 (AFSCME), AFL-CIO

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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Engaged to inform employees in the voting unit regarding exercising their rights to organize and bargain collectively.</p>	
<p>11.b. Period during which performed:</p> <p>Beginning on or about 7/30/13</p>	<p>11.c. Extent performed:</p> <p>Completed/Fully Performed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name</p> <p>Organization National Labor Consultants</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1726 Carlton Avenue</p> <p>City Staten Island</p> <p>State New York ZIP Code + 4 10309</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Jim Teague</p> <p>Organization International Labor Relations</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8086 South Yale Avenue Suite 225</p> <p>City Tulsa</p> <p>State Oklahoma ZIP Code + 4 74136</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees eligible to vote in the bargaining unit</p>	<p>12.b. Identify subject labor organizations:</p> <p>American Federation of State, County, and Municipal Employees MN Council 5 (AFSCME), AFL-CIO</p>