

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

For Official Use Only

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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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

c- 674

Person Filing

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

Name Olivia Bell

Title Office Manager

Organization LRC Strategies, Inc.

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

Street 13449 Dulles Avenue

City Austin

State Texas

ZIP Code + 4 78729

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 Marvin Ostreicher

Organization National HealthCare Associates

Trade Name, if any

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

Street 46 Stauderman Avenue

City Lynbrook

State New York

ZIP Code + 4 11563

7. Date entered into:

3 / 15 / 2010

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

Name Marvin Ostreicher

Name

Name

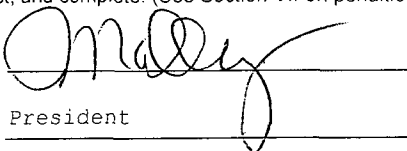
Name

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 Treasurer

On 4/5/2010

Date

512 249-6200

Telephone Number

On 4/5/2010

Date

512 249-6200

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.):

To provide information to employees on labor relations issues. Meet with small groups of employees up to 30 hours per week to communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization. There was no written agreement.

Specific Activities to be Performed

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

a. Nature of activity:

To communicate with employees regarding thier right to exercise or not exercise their right to support or not support a labor organization.

11.b. Period during which performed:

3/15/10 - 4/15/10

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Manuel Gonzalez

Organization LRC Strategies, Inc.

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

Street 13449 Dulles Avenue

City Austin

State Texas

ZIP Code + 4 78729

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:

All non-professional employees, including LVNs, CNAs, Maintenance, Dietary and Housekeeping.

12.b. Identify subject labor organizations:

Filer: Olivia Bell LRC Strategies, Inc.	File Number C-
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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>To communicate with employees regarding thier right to exercise or not exercise their right to support or not support a labor organization.</p>	
<p>11.b. Period during which performed:</p> <p>3/15/10 - 4/15/10</p>	<p>11.c. Extent performed:</p> <p>Complete</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Annette Raggette</p> <p>Organization LRC Strategies, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 13449 Dulles Avenue</p> <p>City Austin</p> <p>State Texas ZIP Code + 4 78729</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>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>
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