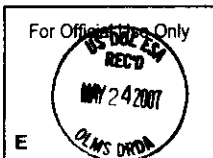


# FORM LM-20

## 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.

1. File Number: C- 00525

326 814

### Person Filing

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

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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 Altoona Regional Health System

Trade Name, if any

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

Street 620 Howard Avenue

City Altoona

State Pennsylvania

ZIP Code + 4 16601

7. Date entered into:

4 / 17 / 2007

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

Name Ron

McConnell

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 5/17/2007

Date

918-455-9995

Telephone Number

On 4/17/2007

Date

918-455-9995

Telephone Number

Filer: LRI Consulting Services, Inc.	File Number C- 00525
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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.):

Oral agreement to provide consultation, to give speeches to employees about exercising their right to organize and bargain collectively. Duration of 5 days.

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.	
11.b. Period during which performed: 5/18/2007 through 5/22/2007	11.c. Extent performed: Fully performed
11.d. Name and address through whom performed: Name Roz Nelson Organization Chessboard Consultants P.O. Box, Bldg., Room No., if any Street 1141 W Washington Blvd., Suite 235 City Chicago State Illinois ZIP Code + 4 60607	Additional Name and address through whom performed, if any: Name Peter Quist Organization Grubb, Quist & Associates, LLC P.O. Box, Bldg., Room No., if any Street 12 South Main Street City Waterbury State Vermont ZIP Code + 4 05676
12.a. Identify subject groups of employees: RN's	12.b. Identify subject labor organizations: Service Employees

Filer: LRI Consulting Services, Inc.	File Number C- 00525
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<b>Specific Activities to be Performed (Continuation Page)</b>	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.</p>	
<p>11.b. Period during which performed:</p> <p>5/18/2007 through 5/22/2007</p>	<p>11.c. Extent performed:</p> <p>Fully performed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Khahn Tran</p> <p>Organization Labor Relations Services, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 24 Corporate Plaza Suite 100</p> <p>City Newport Beach</p> <p>State California ZIP Code + 4 92660</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Rosalyn Warren</p> <p>Organization Labor Relations Services, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 24 Corporate Plaza Suite 100</p> <p>City Newport Beach</p> <p>State California ZIP Code + 4 92660</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>12.b. Identify subject labor organizations:</p>