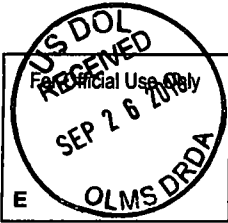


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No 1245-0003
Expires 07-31-2019



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

710469

1 File Number C- 68057

Person Filing

2 Name and mailing address (include ZIP Code)

Name Katherine G Lev

Title President

Organization Lev Labor, LLC

P O Box, Bldg , Room No , if any

Street 21 Pleasant Street

City Hudson

State Massachusetts

ZIP Code + 4 01749

3 Any other address where records necessary to verify this report are kept

Name N/A

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) Individual LLC

Nature of Agreement or Arrangement

6 Full name and address of employer with whom made (include ZIP Code)

Name David Rose

Organization Visiting Nurses Association, Boston

Trade Name, if any

P O Box, Bldg , Room No , if any

Street 120 Thomas Street

City Worcester

State Massachusetts

ZIP Code + 4 01608

7 Date entered into

8 / 20 / 2019

8 Name of person(s) through whom made

Name David Rose

Name

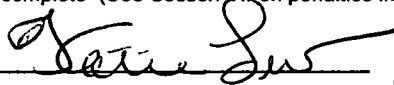
Name

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 09/19/2019 617-686-5775
Date Telephone Number

On _____
Date Telephone Number

9 Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly

- a ☒ ^{educate rather than persuade} To ~~persuade~~ educate employees to exercise or not to exercise, or ^{educate} ~~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 No written agreement Ongoing as needed Daily rate

Specific Activities to be Performed

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

a Nature of activity

To provide information to employees regarding their rights under the NLRA To ensure that accurate information is provided to employees To respond to questions employees have about labor law works and provide an opportunity for open dialog about the pros and cons of unionization

11 b Period during which performed

Beginning 09/20/2019

11 c Extent performed

Ongoing as needed

11 d Name and address through whom performed

Name

Organization

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

Additional Name and address through whom performed, if any

Name N/A

Organization

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

12 a Identify subject groups of employees

Therapists

12 b Identify subject labor organizations

MA Nurses Association