

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019

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.

649138

1. File Number: C-00488

### Person Filing

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

Name Matthew Perovic

Title President

Organization Quantum Consulting, Inc.

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

Street 10917 Kilpatrick

City Oak Lawn, IL

State Illinois ZIP Code + 4 60453

#### 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 Jennifer Richter

Organization Ascension dba Medxcel

Trade Name, if any

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

Street 101 S Handley Road, Suite 450

City St Louis

State Missouri ZIP Code + 4 63105

#### 7. Date entered into:

8 / 26 / 2016

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

Name

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

*Matthew Perovic*

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer

Treasurer  
(If other title, see  
instructions)

On

09-22-2016

Date

708-423-7786

Telephone Number

On

Date

Telephone Number

9

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



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.



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.):

\$1,500 per day + reasonable expenses incurred

#### Specific Activities to be Performed

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

a. Nature of activity:

To persuade employees to exercise their right to choose or not to choose representation for the purposes of collective bargaining.

11.b. Period during which performed:

September, 2016

11.c. Extent performed:

Various Group Meetings

11.d. Name and address through whom performed:

Name Matthew ☐ Perovic

Organization Quantum Consulting

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

Street 10917 Kilpatrick

City Oak Lawn

State Illinois ☒

ZIP Code + 4 60453

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:

Skilled maintenance employees including all stationary engineers, electricians and fire marshals

12.b. Identify subject labor organizations: