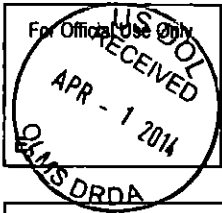


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

552380

1. File Number: c 65931

Person Filing

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

Name Michael Ciabattoni
Title Principal
Organization MSC Labor Relations and Legislative Cons
P.O. Box, Bldg., Room No., if any
Street 27 Catherine Court
City Bear
State Delaware ZIP Code + 4 19701

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): LLC

Nature of Agreement or Arrangement

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

Name Kim Godden
Organization Metro Paramedic Service
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 395 West Lake Street
City Elmhurst
State Illinois ZIP Code + 4 60126

7. Date entered into:

9 / 15 / 2013

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 President
(If other title, see instructions)
Title Other (Specify)
Principal

On 3/26/2014 3023126632
Date Telephone Number

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On _____
Date 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.):

Week to week verbal agreement.

Specific Activities to be Performed

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

a. Nature of activity:

Educate the employees regarding the law and thier rights under Section 7 of the NLRA.

11.b. Period during which performed:

September 15 - October 30, 2014

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Michael Ciabattoni

Organization MSC Labor Relations and Legislative Consu

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

Street 27 Catherine Court

City Bear

State Delaware

ZIP Code + 4 19701

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 full-time paramedics, excluding supervisors.

12.b. Identify subject labor organizations:

I.A.E.P.