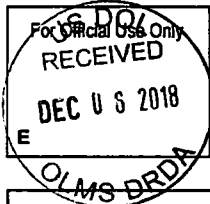


# FORM LM-20

## 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.

685722

1. File Number: c- 658

### Person Filing

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

Name Jason Greer

Title Chief Executive Officer

Organization Greer Consulting, Inc.

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

Street 4301 Hawkins Ridge Drive

City St. Louis

State Missouri

ZIP Code + 4 63129

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 / 18

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 Morrison Management Specialists

Trade Name, if any Mayo Cannon Falls Hospital

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

Street 32021 County Road 24 Boulevard

City Cannon Falls

State Minnesota

ZIP Code + 4 55009

7. Date entered into:

9 / 17 / 2018

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

Name John

Cipollini

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)

Chief Executive Officer

14. Signed

Treasurer

Treasurer  
(If other title, see  
instructions)

On 11/26/2018

Date

Telephone Number

On

Date

Telephone Number

Filer: Jason Greer      Greer Consulting, Inc.	File Number C-
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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.):

All services described in Section 11a. below shall be performed on a flat rate basis. Expenses in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Greer Consulting Inc. at actual cost.

<b>Specific Activities to be Performed</b>	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Consultant provided education on the National Labor Relations Board secret ballot election and the unionization process with employees.</p>	
<p>11.b. Period during which performed:</p> <p style="padding-left: 20px;">September 2018 - October 2018</p>	<p>11.c. Extent performed:</p> <p style="padding-left: 20px;">Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name    Charles                      Stephenson</p> <p>Organization Greer Consulting, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4301 Hawkins Ridge Drive</p> <p>City    St. Louis</p> <p>State Missouri                      ZIP Code + 4    63129</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name    Annette                      Lewis</p> <p>Organization Greer Consulting, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4301 Hawkins Ridge Drive</p> <p>City    St. Louis</p> <p>State Missouri                      ZIP Code + 4    63129</p>
<p>12.a. Identify subject groups of employees:</p> <p>All full-time and regular part-time Cooks and Food Service Workers employed by Morrison Management Specialists at the Mayo Clinic Cannon Falls Hospital located at 32021 County Road 24 Blvd., Cannon Falls, MN 55009 who were employed by the Employer.</p>	<p>12.b. Identify subject labor organizations:</p> <p>International Brotherhood of Teamsters, Local 120</p>

Filer: Jason Greer      Greer Consulting, 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>Consultant provided education on the National Labor Relations Board secret ballot election and the unionization process with employees.</p>	
<p>11.b. Period during which performed:</p> <p>September 2018 - October 2018</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name    Henry                      Dresser</p> <p>Organization Greer Consulting, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4301 Hawkins Dridge Drive</p> <p>City    St. Louis</p> <p>State Missouri                      ZIP Code + 4    63129</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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