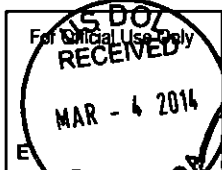


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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:

770

### Person Filing

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

Name Keith Peraino

Title President

Organization Peraino & Assoc, dba National Labor cons.

P.O. Box, Bldg., Room No., if any POB 422812

Street

City Kissime

State Florida

☒ ZIP Code + 4 34742

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

Organization Oradell Healthcare Center

Trade Name, if any

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

Street 600 Kinderkamack Road

City Oradell

State New Jersey

☒ ZIP Code + 4 07649

7. Date entered into:

5 / 22 / 2012

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

Name Alberto Lugo

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

Title

President  
(If other title, see  
instructions)

14. Signed

Title

Treasurer  
(If other title, see  
instructions)

On

Date

8/28/13 407 603 5135

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. ☒ 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 educate employees on election process.

#### Specific Activities to be Performed

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

a. Nature of activity:

Conduct training for employees on their rights under the NLRA. Topics discussed: NLRB election process, collective bargaining, company position on union, company benefits/policies

11.b. Period during which performed:

May/June 2012

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization Peraino & Assoc,dba National Labor Cons.

P.O. Box, Bldg., Room No., if any POB 422812

Street

City Kissimmee

State Florida ☒ ZIP Code + 4 34742

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 employees eligible to be in bargaining unit

12.b. Identify subject labor organizations:

SEIU 1199 NY/NJ