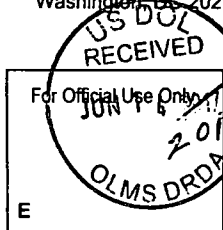


FORM LM-20

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)

622404

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 67190

Person Filing

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

Name Kirsten Johnson Moore
Title Consultant
Organization
P.O. Box, Bldg., Room No., if any
Street 139 Drexel Road
City Ardmore
State Pennsylvania ZIP Code + 4 19003

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
Organization LifeCare Hospital of Chester County
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 5340 Legacy Drive, Suite 150
City Plano
State Texas ZIP Code + 4 75025

7. Date entered into:

5 / 3 /

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

Name Holly Bohannon
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 Other (Specify)
Consultant

President
(If other title, see
instructions)

14. Signed

Treasurer
(If other title, see
instructions)
Title Treasurer

On 6/6/2016

Date

610-420-0819

Telephone Number

On

Date

Telephone Number

562

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.):

Verbal Agreement for total project of 15,000

Specific Activities to be Performed

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

a. Nature of activity:

Presentations to employees (all Registered Nurses, Certified Nursing Assistants, Respiratory Therapists, LPNs, & Monitor Technicians) regarding their rights to organize and collectively bargain

11.b. Period during which performed:

Various dates beginning 4/26

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization East Coast Labor Relations

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

Street 151 Forge Road

City Delran

State New Jersey ZIP Code + 4 08075

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:

Registered Nurses, Certified Nursing Assistants, Respiratory Therapists, Liscensed Pratical Nurses, Monitor Techs

12.b. Identify subject labor organizations:

PASNAP