Office of Labor-Management Standards Washington, DC 20210

AGREEMENT AND ACTIVITIES REPORT

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)

600451

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 6668				
Person Filing 2. Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:		
			Name	
Title President		Title		
Organization Riddler Consulting Services		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 88604 Ermi Bee Rd		Street		
City Springfield		City		
State Oregon	ZIP Code + 4 97478	State ZIP	Code + 4	
4. Date fiscal year ends: 5. Type of person:				
Dec / 31	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):		7. Date entered into: 8 / 25 / 2015		
Name Thomas Beck		, ,		
Organization HCA HR LLC		8. Name of person(s) through whom made:		
Trade Name, if any		Name Thomas Beck		
P.O. Box, Bldg., Room No., if any		Name		
Street One Park Plaza		Name		
City Nashville		Name		
State Tennessee	ZIP Code + 4 37203	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		14. Signed	Treasurer	
Title President	instructions)	Titlo	(If other title, see instructions)	
riac <u>c</u>		Title I	J	
On 10/20/15 949	9-500-1825	On		
Date	Telephone Number	Date Telepho	ne Number	
		2()/		

26.2

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.): The company was employed on a per hour basis pursuant to an oral contract.				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity: To conduct meetings with employees for the purpose of discussing their right to organize; right to refrain from organizing; and the right to bargain collectively.				
11.b. Period during which performed:	11.c. Extent performed:			
8/25/15	9/25/15			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Wendy Riddler	Name			
Organization Riddler Consulting Services	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 88604 Ermi Bee Rd	Street			
City Springfield	City			
State Oregon ZIP Code + 4 97478	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All employees eligible in a bargaining unit.	SEIU 121 RN			