

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

For Official Use Only

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)

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C-

678

429767

Person Filing

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

Name Gabrelle Shores

Title President

Organization Informed Choices Education, Inc.

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

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State AZ

ZIP Code + 4 85254

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:

12/31

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 Sam Pleshar

Organization Livingston Healthcare

Trade Name, if any

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

Street 504 South 13th Street

City Livingston

State

ZIP Code + 4 59047

7. Date entered into:

04 / 06 / 2010

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

Gabrielle Shores

President

(If other title, see instructions)

Title

14. Signed

[Signature]

Treasurer

(If other title, see instructions)

Title

Bookkeeper

On

04/21/2010

480-221-9757

Date

Telephone Number

On

04/21/2010

858-246-6522

Date

Telephone Number

Filer: Gabrielle Shores Informed Choices Education, Inc.

File Number C-

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.):

Livingston Healthcare has agreed to contract with Informed Choices Education to provide educational consulting services for its employees.

Specific Activities to be Performed

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

a. Nature of activity:

Livingston Healthcare was engaged to education all employees of their section 7 rights under the NLRA (National Labor Relations Act).

11.b. Period during which performed:

04/06/2010

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Gabrielle Shores

Organization The Alignment Group, LLC

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

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State ZIP Code + 4 85254

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 of Livingston Healthcare.

12.b. Identify subject labor organizations:

AFSMCE.