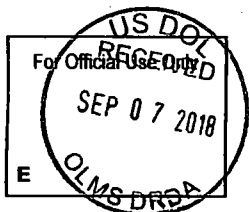


FORM LM-20

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.

682270

1. File Number: C- 00691

Person Filing

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

Name Carina Hunt

Title President

Organization C Hunt Management Consulting Inc

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

Street 909 Champions Ct

City Roanoke

State Texas

ZIP Code + 4 76262

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 Ruth Wilson

Organization Radnet Management Inc

Trade Name, if any

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

Street 1510 Cotner Ave

City Los Angeles

State California

ZIP Code + 4 90025

7. Date entered into:

7 / 17 / 2018

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

Name Sanderson B Adams

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 President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 08/17/2018

Date

7143104080

Telephone Number

On 08/17/2018

Date

7143059495

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.):

verbal agreement

Specific Activities to be Performed

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

a. Nature of activity:

To provide direct employee education regarding their section 7 rights under the national labor relations act and collective bargaining.

11.b. Period during which performed:

various days beginning 7/17/2018

11.c. Extent performed:

in progress

11.d. Name and address through whom performed:

Name Carina Hunt

Organization C Hunt Management Consulting Inc

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

Street 909 Champions Ct

City Roanoke

State Texas

ZIP Code +4 76262

Additional Name and address through whom performed, if any:

Name Khanh Tran

Organization

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

Street

City Lake Forest

State California

ZIP Code +4 92609

12.a. Identify subject groups of employees:

various employees

12.b. Identify subject labor organizations:

NUHW (National Union Of Healthcare Workers)

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

To provide direct employee education regarding their section 7 rights under the national labor relations act and collective bargaining.

11.b. Period during which performed:

various days beginning 7/17/2018

11.c. Extent performed:

in progress

11.d. Name and address through whom performed:

Name Windi Reyes

Organization

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

Street 20741 Knob Place

City Perris

State California

ZIP Code + 4 92470

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

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

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

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12.a. Identify subject groups of employees:

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