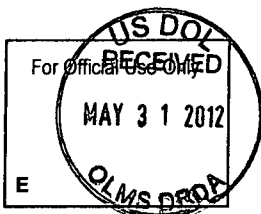


**FORM LM-20**  
**AGREEMENT AND ACTIVITIES REPORT**

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.**

498022

1. File Number: C- 658

**Person Filing**

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

Name Jason J Greer

Title President

Organization Greer Consulting, Inc.

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

Street 6311 Ronald Reagan Dr. Suite 162

City Lake St. Louis

State Missouri

ZIP Code + 4 63367

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 / 12

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 Ron Devito

Organization RVC Senior Management

Trade Name, if any

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

Street 65 East John Street

City Hicksville

State New York

ZIP Code + 4 11803

7. Date entered into:

9 / 01 / 2007

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

Name Ron Devito

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 in accordance with the instructions.

Not Ready To Sign

Not Ready To Sign

13. Signed

*Jason J. Greer*

President  
(If other title, see  
instructions)

14. Signed

Treasurer  
(If other title, see  
instructions)

Title President

Title

On 5/21/12

Date

314-643-6572

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.):

**Specific Activities to be Performed**

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

a. Nature of activity:

Employed to give speeches to employees regarding exercising their right to organize and bargain collectively

11.b. Period during which performed:

September 2007 to October 2007

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization Maple Pointe at Rockville Center

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

Street 260 Maple Ave

City Rockville Centre

State New York

ZIP Code + 4 11570

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 full-time and part-time care givers, dietary, maintenance employees

12.b. Identify subject labor organizations:

Amalgamated Local No. 298