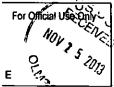U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

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

NOV 25 2013

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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.

5371642

1. File Number: c- 696

Person Filing

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

Name Rebecca M Smith

Title Consultant

Organization Taltos Consulting Inc

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

Street 554 Mallard Dr

City Twin Falls

State ID   ZIP Code + 4 83301

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:	5. Type of person:
12 /2013	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 Tim Kamego

Organization Riverview Health & Rehab

Trade Name, if any

P.O. Box, Bldg., Room No., if any Suite 250

Street 31100 Telegraph Rd

City Bingham Farms

State MI   ZIP Code + 4 48025

7. Date entered into: 9 / 14 / 12

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 *Rebecca M Smith*   President
(If other title, see instructions)

Title President

14. Signed _____   Treasurer
(If other title, see instructions)

Title Treasurer

On 10/21/2012   702-494-8416
Date   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: Talk to employees About what it is like to be in a union

11.b. Period during which performed:	11.c. Extent performed:
11.d. Name and address through whom performed:	**Additional Name and address through whom performed, if any:**
Name Phillip Wilson	Name
Organization LRI	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street	Street
City Broken Arrow	City
State OK ZIP Code + 4	State ZIP Code + 4
12.a. Identify subject groups of employees: CENA's	**12.b. Identify subject labor organizations:** SEIU Healthcare Michigan