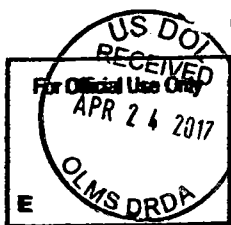


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 85-257, 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(s) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

648735

1. File Number: C-66660

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Khanh Tran
Title	Consultant
Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box 1501
Street	
City	Lake Forest
State	California
	<input checked="" type="checkbox"/> ZIP Code +4 92609
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:
Dec <input checked="" type="checkbox"/> / 15	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	Ben Ratseovich
Organization	Town View Health & Rehabilitation Center
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	300 Barr Street
City	Canonsburg
State	Pennsylvania
	<input checked="" type="checkbox"/> ZIP Code +4 15317
7. Date entered into:	
7 / 27 / 2015	
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

[Signature]

President
(If other title, see instructions)

14. Signed

Treasurer
(If other title, see instructions)

Title

Consultant

Title

On

12/14/2015

949-306-5251

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.)

Provided consultation and give meetings to employees about National Labor Relations Act

Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and give meetings to employees about National Labor Relations Act and their rights under section 7.

11.b. Period during which performed:

8/3/15 - 8/6/15

11.d. Name and address through whom performed:

Name

Organization LRI consulting services, inc.

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

Street 7850 S. Elm Place

City Broken Arrow

State Oklahoma



ZIP Code + 4 74011

11.c. Extent performed:

Completed

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:

various employees

12.b. Identify subject labor organizations:

Pre-petition