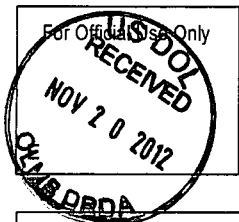


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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)

507382
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00707

Person Filing

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

Name Mary L Holden
Title Consultant
Organization Mary L Holden HR/ER consultant
P.O. Box, Bldg., Room No., if any
Street 1090 Willow Grove Ct
City Rochester Hills
State Michigan ZIP Code + 4 48307-2548

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:

Mar / 13

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 David Keating
Organization Tendercare West
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 731 Starkweather Dr
City Lansing
State Michigan ZIP Code + 4 44897

7. Date entered into:

10 / 15 / 2012

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

Name Jim Teague
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 Sole Proprietor

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On 11/14/2012

Date

248 453 5700

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.):

Verbal agreement with Labor Relations Institute at \$18750 for the entire project plus reasonable traveling expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Engaged 10/15/12 to communicate to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 10/15/2012

11.c. Extent performed:

20+days

11.d. Name and address through whom performed:

Name Jim Teague
Organization Labor Relations Institute
P.O. Box, Bldg., Room No., if any
Street 7850 South Elm Place Suite E
City Broken Arrow
State Oklahoma ZIP Code + 4 74011

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:

LPNs, CNA, CENA, nurses aides, restorative aides, activity aides & assistants, dietary aides, culinary assistants

12.b. Identify subject labor organizations:

SEIU Healthcare Michigan