

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.

680371

1. File Number: C- 658

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Jason Greer
Title	Chief Executive Officer
Organization	Greer Consulting, Inc.
P.O. Box, Bldg., Room No., if any	
Street	4301 Hawkins Ridge Drive
City	St. Louis
State	Missouri
ZIP Code + 4	63129
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	/ 18
5. Type of person:	
a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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	
Organization	City MD Urgent Care
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	1345 Avenue of the Americas, 8th Fl
City	New York
State	New York
ZIP Code + 4	10105
7. Date entered into:	
5 / 13 / 2018	
8. Name of person(s) through whom made:	
Name	David Diamond
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	<u>[Signature]</u>	President (If other title, see instructions)
Title	Other (Specify) Chief Executive Officer	
On	6/6/2018	314-397-4218
	Date	Telephone Number
14. Signed	<u>[Signature]</u>	Treasurer (If other title, see instructions)
Title	Treasurer	
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.):

All services described in Section 11a. below shall be performed on a flat rate basis. Expenses in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Greer Consulting Inc. at actual cost.

Specific Activities to be Performed

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

a. Nature of activity:

Consultants provided education on the National Labor Relations Board secret ballot election and the unionization process with employees.

11.b. Period during which performed:

May 13 - June 3, 2018

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Annette Lewis

Organization Greer Consulting, Inc.

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

Street 4301 Hawkins Ridge Drive

City St. Louis

State Missouri

ZIP Code + 4 63129

Additional Name and address through whom performed, if any:

Name Byron Clay

Organization Greer Consulting, Inc.

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

Street 4301 Hawkins Ridge Drive

City St. Louis

State Missouri

ZIP Code + 4 63129

12.a. Identify subject groups of employees:

All part time and full time employees employed by the employer located at 1345 Avenue of the Americas, New York, New York.

12.b. Identify subject labor organizations:

Service Employees International Union, District 1199

Filer: Jason Greer Greer Consulting, Inc.	File Number C- 658
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Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Consultants provided education on the National Labor Relations Board secret ballot election and the unionization process with employees.

11.b. Period during which performed:

May 13 - June 3, 2018

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Jonnathan Klinger

Organization Greer Consulting, Inc.

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

Street 4301 Hawkins Ridge Drive

City St. Louis

State Missouri ZIP Code + 4 63129

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 ZIP Code + 4

12.a. Identify subject groups of employees:

All part time and full time employees employed by the employer located at 1345 Avenue of the Americas, New York, New York.

12.b. Identify subject labor organizations:

Service Employees International Union, District 1199