

# 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.

658514

1. File Number: C-  67796

### Person Filing

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

Name  Paul ☐ E  Murray  
Title  CEO  
Organization  YACO, LLC  
P.O. Box, Bldg., Room No., if any  185  
Street  7111 W 151st Street  
City  Overland Park  
State  Kansas ZIP Code + 4  66223

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  /  31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify):  LLC

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name  Noah ☐  Lundy  
Organization  Maine Coast Memorial Hospital  
Trade Name, if any   
P.O. Box, Bldg., Room No., if any   
Street  50 Union Street  
City  Ellsworth  
State  Maine ZIP Code + 4  04605

7. Date entered into:

11  /  13  /  2017

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  *Paul E. Murray* President  
(If other title, see instructions)  
Title  President

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

On  11/28/17  913 269-7042  
Date Telephone Number

On    
Date Telephone Number

Filer:

File Number C-67796

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.):

Educate employees on the National Labor Relations Act and answer questions

**Specific Activities to be Performed**

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

a. Nature of activity:

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

Name

Organization

Organization

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

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

Street

Street

City

City

State  ZIP Code + 4

State  ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations: