

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. 1245-0003  
Expires 08-31-2016

For Official Use Only

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)

554446  
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00678

**Person Filing**

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

Name Gabrielle Shores

Title President

Organization Informed Choices Education, Inc.

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

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State Arizona ZIP Code + 4 85254

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):**Nature of Agreement or Arrangement**

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

Name Brooke Saunders

Organization Kindred Hospital Westminster

Trade Name, if any

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

Street 200 Hospital Circle

City Westminster

State California ZIP Code + 4 92683

7. Date entered into:

10 / 28 / 2013

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.)

DocuSigned by:

13. Signed

Gabrielle Shores

President  
(If other title, see  
instructions)

14. Signed

Other (Specify)

Bookkeeper

Treasurer  
(If other title, see  
instructions)

Title President

Title

On

Date

877-525-2920

Telephone Number

On

Date

877-525-2920

Telephone Number

Filer: Gabrielle Shores Informed Choices Education, Inc.

File Number C- 00678

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.):

Kindred Hospital Westminster has agreed to contract with Informed Choices Education, Inc., to provide educational consulting services.

#### Specific Activities to be Performed

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

a. Nature of activity:

Educating all employees of their rights under the NLRA.

11.b. Period during which performed:

10/28/2013

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Gabrielle Shores

Organization

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

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State Arizona

ZIP Code + 4 85254

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 employees of Kindred Hospital.

12.b. Identify subject labor organizations:

NUHW-CNA