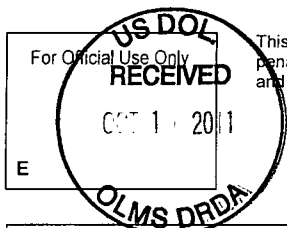


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

468523

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	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 / 12	5. Type of person: 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 Gary Stein Organization American Health Corporation Trade Name, if any Eagleview Rehab. and Health P.O. Box, Bldg., Room No., if any Street 527 Plymouth Rd, Suite 412 City Plymouth Meeting State Pennsylvania ZIP Code + 4 19462	7. Date entered into: 8 / 24 / 2011 8. Name of person(s) through whom made: Name Gary Stein 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 <u>Mary L Holden</u> Title <u>Sole Proprietor</u> On <u>10/01/2011</u> <u>248 459 5700</u> Date Telephone Number	14. Signed _____ Title <u>Treasurer</u> On _____ Date Telephone Number
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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 for 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 8/24/11 to communicate to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 8/23/2011

11.c. Extent performed:

12 days ending 9/14/2011

11.d. Name and address through whom performed:

Name Phillip Wilson

Organization Labor Relations Institute, Inc.

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:

CNA, Dietary, Housekeeping, Laundry, Maintenance and Reception

12.b. Identify subject labor organizations:

United Food and Commercial Workers