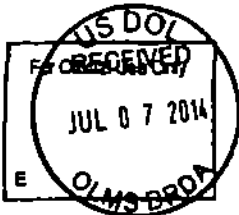


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 06-31-2016



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. 433 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(p) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

357 359

1. File Number: C-66082

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Paul Murray	3. Any other address where records necessary to verify this report are kept:
Title President	Name
Organization PT&B, LLC	Title
P.O. Box, Bldg., Room No., if any 111	Organization
Street 7113 West 135th Street	P.O. Box, Bldg., Room No., if any
City Overland Park	Street
State KANSAS	City
ZIP Code + 4 66213	State
4. Date fiscal year ends: Dec / 14	
5. Type of person:	
a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify) LLC	

Nature of Agreement or Arrangement	
8. Full name and address of employer with whom made (include ZIP Code):	
Name Juliann Diamond	7. Date entered into: 6/3/14
Organization St. Mary's Healthcare	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 427 Guy Park	Name
City Amsterdam	Name
State New York	Name
ZIP Code + 4 12010	

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 C. Murray President (if other title, see instructions)

Title President

14. Signed _____ Treasurer (if other title, see instructions)

Title Treasurer

On 6/16/14 (913) 269-7042
Date Telephone Number

On _____
Date Telephone Number

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.

educate employees

educate as above and answer employee questions

12.b. Identify subject labor organizations: