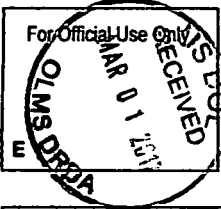


FORM LM-20

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.

639550

1. File Number: c00041

Person Filing

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

Name Carina Hunt
Title President
Organization C Hunt Management Consulting Inc.
P.O. Box, Bldg., Room No., if any _____
Street 409 Champions Ct
City Roanoke
State TX ZIP Code + 4 76262

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:

12 / 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 Elaine Glaser
Organization WEO Valley Hospital Medical Center
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 620 Shadow Lane
City Las Vegas
State NV ZIP Code + 4 89106

7. Date entered into:

01 / 31 / 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

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

2/20/17
Date

714 310 4080
Telephone Number

On

3/12/17
Date

970 999 6538
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.):

Verbal agreement to provide education to employees regarding their section 7 rights under the National Labor Relations Act and collective bargaining.

Specific Activities to be Performed

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

a. Nature of activity:

to provide direct employee education regarding their section 7 rights under the NLRA and collective bargaining.

11.b. Period during which performed:

Various days beginning 2/2/17

11.c. Extent performed:

ongoing.

11.d. Name and address through whom performed:

Name Carina Hunt

Organization CHunt Management Consulting Inc.

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

Street 909 Champions Ct

City Raleigh NC

State TX ZIP Code + 4 76262

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:

RNs.

12.b. Identify subject labor organizations:

SEIU 1107