



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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

538239

1. File Number: C 00711

Person Filing

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

Name Nancy E Jowske

Title sole proprietor

Organization Jowske Consulting Services LLC

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

Street 4435 Cornwell

City Whitmore Lake

State Michigan

ZIP Code + 4 48189

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 / 13

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

Organization EastRidge Health Systems

Trade Name, if any

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

Street 235 South Water Street

City Martinsburg

State West Virginia

ZIP Code + 4 25401

7. Date entered into:

09 / 17 / 2013

8. Name of person(s) through whom made:

Name Paul Macom

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 in accordance with the instructions in the instructions.)

13. Signed

Title Sole ProprietorPresident
(If other title, see
instructions)

14. Signed

Title

Treasurer
(If other title, see
instructions)

Stamp

Delete On 7/1/2013 734 478 5155

Date

Telephone Number

Clear Signatures

On

Date

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.):

Agreement to provide consultation and assessment to management about employees exercising their right to bargain collectively. Terms \$1500. per day plus expense.

Specific Activities to be Performed

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

a. Nature of activity:

TEST PG CNT

Consultation and training of management. No direct contact with employees

11.b. Period during which performed:
9/19/2013

11.c. Extent performed:
completed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services INC

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

Street 7850 South Elm Place

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:

Direct care providers/LPN

12.b. Identify subject labor organizations:

SEIU 11990KW