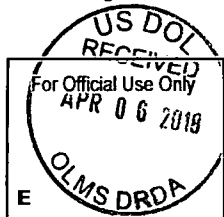


Revised.

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.

674090

1. File Number: C- 00691

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 909 Champions Drive
City Roanoke
State Texas 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:

Jan / 1

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 Rich Newel
Organization Pottstown Memorial Medical Center
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 1600 E. High Street
City Pottstown
State Pennsylvania ZIP Code + 4 18464

7. Date entered into:

8 / 14 / 2016

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

3.1.18

Date

714.310.4080

Telephone Number

On

714.315.9495

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.):

Verbal agreement

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:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Carina Hunt
Organization C Hunt Management Consulting Inc
P.O. Box, Bldg., Room No., if any
Street 909 CHAMPIONS CT
City ROANOKE
State Texas ZIP Code + 4 76262

Additional Name and address through whom performed, if any:

Name Khanh Tran
Organization
P.O. Box, Bldg., Room No., if any 1501
Street
City LAKE FOREST
State California ZIP Code + 4 92609

12.a. Identify subject groups of employees:

REGISTERED NURSES

12.b. Identify subject labor organizations:

PASNAP