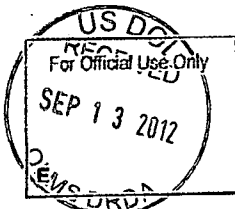


FORM LM-20

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.

503721

1. File Number: C-777

Person Filing

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

Name Denise Malwitz
Title _____
Organization D.M. Consulting
P.O. Box, Bldg., Room No., if any _____
Street 3530 Milford Haven Ave
City Las Vegas, NV
State NV ZIP Code + 4 89122

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: /

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 _____
Organization Beehive Retirement
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 401 West Maple St
City Mc Cleary
State WA ZIP Code + 4 98557

7. Date entered into: 12 / 10 / 2008

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

Name marvin Pratt
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 Denise

Title President

President
(If other title, see
instructions)

14. Signed _____

Title Treasurer

Treasurer
(If other title, see
instructions)

On 9-1-12

Date

702-533-3765
Telephone Number

On _____

Date

Telephone Number

Filer: D M Consulting	File Number C-
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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 to provide Consultation and to give speeches to employees about exercising their right to organize and bargain collectively, Terms are \$187.50 per hour. Plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively

11.b. Period during which performed:

Various day beginning 9/2/08

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name **LRI Consulting Services, Inc**

Organization

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

Street **7850 S. Elm Place**
suite "B"

City

Broken Arrow

State

OK

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:

Caregivers and
CNA'S

12.b. Identify subject labor organizations:

SEIU