

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

538109

1. File Number: C- 00664

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Edward M Echanique	3. Any other address where records necessary to verify this report are kept:
Title President	Name
Organization Labor Relations Consulting	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 155 Bay Laurel Drive	P.O. Box, Bldg., Room No., if any
City Mooresville	Street
State North Carolina ZIP Code + 4 28115	City
4. Date fiscal year ends:	State ZIP Code + 4
Dec / 31	5. Type of person:
	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Russ Kittrell	7. Date entered into: 9 / 3 / 2013
Organization Maarquis Springfield	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 1333 N. First St.	Name
City Springfield	Name
State Oregon ZIP Code + 4 97477	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 [Signature] President
(If other title, see instructions)
Title President

14. Signed [Signature] Treasurer
(If other title, see instructions)
Title Treasurer

On 10/30/2013 (951) 265-5584
Date Telephone Number

On 10/30/2013 (951) 265-5584
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.):

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Present information about employees' rights under Section 7 and answer questions regarding collective bargaining in group meetings or individually	
11.b. Period during which performed: 09/03/2013	11.c. Extent performed: On Going
11.d. Name and address through whom performed: Name Edward M Echanique Organization Labor Relations Consulting P.O. Box, Bldg., Room No., if any Street 155 Bay Laurel Drive City Mooresville State North Carolina ZIP Code + 4 28115	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: All CNA's, Dietary and Housekeeping staff	12.b. Identify subject labor organizations: SEIU