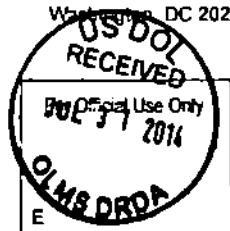


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

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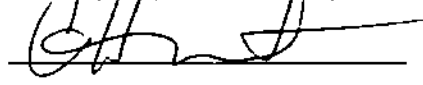
1. File Number: C- 00691

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 285 E Dove Road City Soputhlake State Texas ZIP Code + 4 76092	3. Any other address where records necessary to verify this report are kept: Name Title Organization Labor Relations Institute P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place City Broken Arrow State Pennsylvania ZIP Code + 4 74011
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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 Organization Sutter Health Trade Name, if any engaged by healthcare Labor Sol. P.O. Box, Bldg., Room No., if any Street 1200 Scenic Drive, ste 200 City Modesto State California ZIP Code + 4 95350	7. Date entered into: 5 / 27 / 2014 8. Name of person(s) through whom made: Name Susan Donker 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 
Title President
President (If other title, see instructions)

14. Signed _____
Title Treasurer
Treasurer (If other title, see instructions)

On 7/20/2014 7143104080
Date Telephone Number

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):

Verbal Agreement. All services performed on an hourly basis plus reasonable expenses.

Specific Activities to be Performed

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

a. Nature of activity:

To communicate with employees regarding their section 7 rights under the national labor relations act.

11.b. Period during which performed:

various dates beginning 6/2/2014

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

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 Registered Nurses at 1700 coffee road location

12.b. Identify subject labor organizations:

California Nurses Association