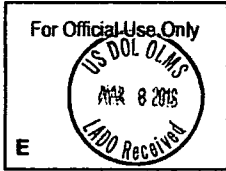


# FORM LM-20

## 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.

667784

1. File Number: C- 66660

### Person Filing

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

Name KHANH TRAN  
Title CONSULTANT  
Organization  
P.O. Box, Bldg., Room No., if any P.O. Box 1501  
Street  
City Lake Forest  
State CA ZIP Code + 4 92630

#### 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:

12/31 / 2017

#### 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 RUTH Wilson  
Organization Radpet, Inc.  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 1510 Cotner Ave  
City Los Angeles  
State CA ZIP Code + 4 90025

#### 7. Date entered into:

9 / 25 / 2017

#### 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 Consultant

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 2/28/2017 949-306-5251  
Date Telephone Number

On  
Date Telephone Number

Filer: **KHANH TRAN**

File Number C-

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 employee education regarding their section 7 rights under the National Labor Relations Act and Collective Bargaining.*

11.b. Period during which performed:

*9/25/17*

11.c. Extent performed:

11.d. Name and address through whom performed:

Name *Carina Hunt*

Organization *C Hunt Management Consulting*

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

Street *909 Champions Ct.*

City *Roanoke*

State *CA* ZIP Code + 4 *76262*

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:

*Various employees*

12.b. Identify subject labor organizations:

*NUHW (National Union of Healthcare Workers)*