

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.

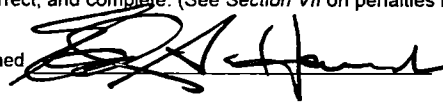
1. File Number: c-65580

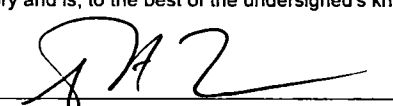
Person Filing	
2. Name and mailing address (include ZIP Code): Name Todd A Lyon Title Secretary/Treasurer Organization National Employment Resources P.O. Box, Bldg., Room No., if any Suite 2300 Street 601 SW 2nd Ave City Portland State Oregon ZIP Code + 4 97204	3. Any other address where records necessary 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: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): DLLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Dian Cooper Organization Family Health Center Trade Name, if any P.O. Box, Bldg., Room No., if any Street 1057 12th Ave City Longview State Washington ZIP Code + 4 98632-4016	7. Date entered into: 8 / 4 / 2014 8. Name of person(s) through whom made: Name Dian Cooper 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 8/27/14 503-276-2101
Date Telephone Number

On 8/22/14
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.):

\$350 hourly fee

Specific Activities to be Performed

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

a. Nature of activity:

Persuader activity as described in 9(a) above, including meeting with employees.

11.b. Period during which performed:

August/September 2014

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Todd A Lyon
Organization National Employment Resources
P.O. Box, Bldg., Room No., if any Suite 2300
Street 601 SW 2nd Ave
City Portland
State Oregon ZIP Code + 4 97204

Additional Name and address through whom performed, if any:

Name Jose A Klein
Organization National Employment Resources
P.O. Box, Bldg., Room No., if any Suite 2300
Street 601 SW 2nd Ave
City Portland
State Oregon ZIP Code + 4 97204

12.a. Identify subject groups of employees:

All full-time, part-time, and regular on-call medical assistants, dental assistants, clerks, record clerks, dental clerks, medical clerks, community health workers, interpreters, certified nursing assistants, receptionists, nutrition assistants, pediatric care coordinators, referral coordinators, registered dietitians, health desk specialists, licensed practical nurses, and outreach and enrollment employees.

12.b. Identify subject labor organizations:

IAM, District Lodge W24, Local Lodge W536