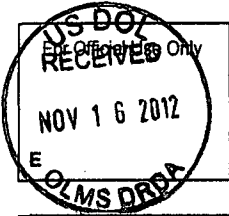


# FORM LM-20

## 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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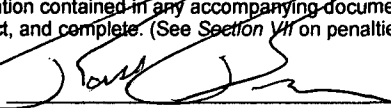
1. File Number:

c-694

Person Filing	
2. Name and mailing address (include ZIP Code):  Name Russell Brown  Title President  Organization Roadwarrior Productions LLC  P.O. Box, Bldg., Room No., if any  Street 108 S Indinan Circle  City Cocoa  State Florida ZIP Code + 4 32922	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 / 12	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 Mike Johnson  Organization Augustana Health Care Center  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 1007 E 14th Street  City Minneapolis  State Minnesota ZIP Code + 4 55404	7. Date entered into:  8 / 21 / 2012  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)	14. Signed _____	Treasurer (If other title, see instructions)
Title President		Title Other (Specify) n/a	
On 11/1/2012	3215078997	On _____	_____
Date	Telephone Number	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.):

Educate Employees of their rights to join or refrain from joining a labor organization

**Specific Activities to be Performed**

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

a. Nature of activity:

Various group meetings

11.b. Period during which performed:

9/12/2012 through 9/13/2012

11.c. Extent performed:

fullyV

11.d. Name and address through whom performed:

Name Phillip Wilson

Organization LRICS

P.O. Box, Bldg., Room No., if any PO Box 1529

Street 7850 S Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 74013

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:

No Petition