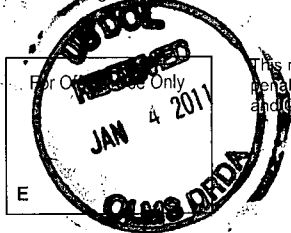


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

441 603

1. File Number: C- 00525

Person Filing	
2. Name and mailing address (include ZIP Code): Name Title Organization LRI Consulting Services Inc P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011	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 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 Ciena Healthcare Michigan Trade Name, if any Regency On The Lake P.O. Box, Bldg., Room No., if any Street 4000 Town Center, Suite 700 City Southfield State Michigan ZIP Code + 4 48075	7. Date entered into: 11 / 9 / 2010 8. Name of person(s) through whom made: Name David Stobb 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 12/14/2010 918-455-9995
Date Telephone Number

On 12/14/2010 918-455-9995
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.):

See attached

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginnin 11/16/10

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization Mary L Holden HR

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

Street 1090 Willow Grove Court

City Rochester Hills

State Michigan

ZIP Code + 4 48307

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:

NAs

12.b. Identify subject labor organizations:

SEIU Healthcare Michigan

AGREEMENT FOR CONSULTING SERVICES

TO: David Stobb
Regency on the Lake
4000 Town Center, Suite 700
Southfield, MI 48075

DATE: November 9, 2010

PROPOSED INTERVENTION:

LRI Consulting Services, Inc. will provide consulting services to assist Regency on the Lake in communicating factual and legally accurate information to eligible voters in NLRB-conducted election to enable voters to make fully informed choices in voting.

TIMING:

The project will begin on or about 11/16/2010.

TERMS AND CONDITIONS:

Fees: The fee for this project is \$7000 for a 3-day assessment plus travel expenses.

Payment Terms: We require a full fee payment of \$7000 due upon acceptance of the proposal. You agree and acknowledge that failure to pay fees or expenses associated with this project under these terms will result in reassignment of the consultant(s) and a penalty of 2% per month until all outstanding invoices are paid in full.

Expenses: Expenses will be billed as actually incurred and are due on presentation of the invoice. Reasonable business expenses include, but are not limited to, transportation (air, rental car, taxi, etc.), lodging, food, and costs for campaign communication materials.

You further acknowledge that no representation by LRICS or its representatives were relied on by you or any member of your company in entering this agreement, and that this document represents the full understanding of the parties. Your deposit, in the absence of your signature below, indicates your acceptance of this project and the terms and conditions as stated herein.

ACCEPTANCE:

We accept the Agreement and terms described above:

For LRI Consulting Services, Inc.

For Regency on the Lake



Phillip B. Wilson
President – General Counsel

Name: David Stobb
Title:

DATE: November 9, 2010

DATE:

AGREEMENT FOR CONSULTING SERVICES

TO: David Stobb
Regency on the Lake
4000 Town Center, Suite 700
Southfield, MI 48075

DATE: November 18, 2010

PROPOSED INTERVENTION:

LRI Consulting Services, Inc. will provide consulting services to assist Regency on the Lake in communicating factual and legally accurate information to eligible voters in NLRB-conducted election to enable voters to make fully informed choices in voting.

TIMING:

The project will begin on or about 11/22/2010.

TERMS AND CONDITIONS:

Fees: The fee for this project is \$20,500 for 9 days of consulting with materials plus travel expenses.

Payment Terms: We require a full fee payment of \$20,500 due upon acceptance of the proposal. You agree and acknowledge that failure to pay fees or expenses associated with this project under these terms will result in reassignment of the consultant(s) and a penalty of 2% per month until all outstanding invoices are paid in full.

Expenses: Expenses will be billed as actually incurred and are due on presentation of the invoice. Reasonable business expenses include, but are not limited to, transportation (air, rental car, taxi, etc.), lodging, food, and costs for campaign communication materials.

You further acknowledge that no representation by LRICS or its representatives were relied on by you or any member of your company in entering this agreement, and that this document represents the full understanding of the parties. Your deposit, in the absence of your signature below, indicates your acceptance of this project and the terms and conditions as stated herein.

ACCEPTANCE:

We accept the Agreement and terms described above:

For LRI Consulting Services, Inc.

For Regency on the Lake



Phillip B. Wilson
President – General Counsel

Name: David Stobb
Title:

DATE: November 18, 2010

DATE: