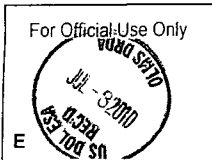


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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.

432040

1. File Number: C-690

Person Filing

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

Name Roz Nelsen

Title Independent Consultant

Organization

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

Street 957 Longmeadow Court

City Lake Barrington

State Illinois ZIP Code + 4 60010

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. ☒ 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 Chris Cimino

Organization Chessboard Consulting

Trade Name, if any

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

Street One South Dearborn, Suite 2100

City Chicago

State Illinois ZIP Code + 4 60603

7. Date entered into:

4 / 23 / 2007

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

Roz Nelsen

President

(If other title, see instructions)

Title Sole Proprietor

14. Signed

Treasurer

(If other title, see instructions)

Title Treasurer

On 7/1/2010

Date

847-927-1083

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.):

Chessboard Consulting referred me to work for LRI Consulting Service to support LRI's project team working at Altoona Regional Health System. My work involved providing administrative and technical support to the LRI team, I did not engage in direct persuader activity.

Specific Activities to be Performed

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

a. Nature of activity:

Providing administrative and technical support to the LRI project team.

11.b. Period during which performed:

4/23/07 through 5/24/07

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name Roz Nelsen

Organization Independent Consultant

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

Street 957 Longmeadow Ct.

City Lake Barrington

State Illinois ZIP Code + 4 60010

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:

RNs

12.b. Identify subject labor organizations:

SEIU