

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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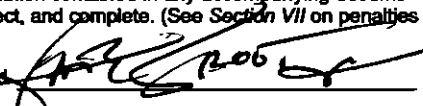
1. File Number: C- 00532

Person Filing	
2. Name and mailing address (include ZIP Code): Name John De Groot Title Owner Organization CounterPoint P.O. Box, Bldg., Room No., if any P.O. Box 1176 Street City Glen Ellen State California ZIP Code + 4 95442-1176	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 2742 Rollo Road City Santa Rosa State California ZIP Code + 4 95404
4. Date fiscal year ends: /	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): Sole Proprietor

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Fremont-Rideout Health Group, Inc. Trade Name, if any Rideout Health P.O. Box, Bldg., Room No., if any Street 725 Fourth Street City Marysville State California ZIP Code + 4 95901	7. Date entered into: 10 / 4 / 2013 8. Name of person(s) through whom made: Name Terri Hamilton 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 
Title Sole Proprietor
President (If other title, see instructions)

14. Signed _____
Title Treasurer
Treasurer (If other title, see instructions)

On 10/29/2013 707-575-4835
Date 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.):

Retainer covering projected time. No written agreement for persuader activity.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: To conduct group meetings and hold discussions with employees about their Section 7 rights, as well as some of the realities of union representation.	
11.b. Period during which performed: October 4 - 31, 2013	11.c. Extent performed: Completed
11.d. Name and address through whom performed: Name John De Groot Organization CounterPoint P.O. Box, Bldg., Room No., if any P.O. Box 1176 Street City Glen Ellen State California ZIP Code + 4 95442-1176	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: Non-supervisory personnel in Engineering	12.b. Identify subject labor organizations: Stationary Engineers, Local 39, AFL-CIO