

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0168
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. 438a or 440. Required of persons, including Labor-Management Committees and Office 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.

563717

1. File Number: C-777

| | | | |
|--|--|---|--|
| Person Filing | | 3. Any other address where records necessary to verify this report are kept: | |
| 2. Name and mailing address (include ZIP Code): | | Name | |
| Name Denise Malwitz | | Title | |
| Organization D.M. Consulting | | Organization | |
| P.O. Box, Bldg., Room No., if any | | P.O. Box, Bldg., Room No., if any | |
| Street 3530 Milford Haven St | | City | |
| City Las Vegas | | State | |
| State NV | | ZIP Code + 4 89122 | |
| 4. Date fiscal year ends: | | 5. Type of person: | |
| | | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify): | |

| | | | |
|--|--|--|--|
| Nature of Agreement or Arrangement | | 7. Date entered into: | |
| 6. Full name and address of employer with whom made (include ZIP Code): | | 6/15/2008 | |
| Name Orthovita Corporation | | 8. Name of person(s) through whom made: | |
| Organization | | Name Cristine Arasin | |
| Trade Name, if any | | Name | |
| P.O. Box, Bldg., Room No., if any | | Name | |
| Street 77 Great Valley Park Way | | Name | |
| City Malvern | | Name | |
| State PA | | Name | |
| ZIP Code + 4 19355 | | | |

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 | 14. Signed | | Treasurer |
| Title | President | | Title | Treasurer | |
| Date | 9-1-2012 | | On | | |
| 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.):

Verbal agreement to provide Consultation and to give speeches to employees about exercising their right to organize and bargain collectively, Terms are \$187.50 per hour plus expenses

| Specific Activities to be Performed | |
|---|---|
| 11. Describe activity, concisely list in detail the information required (See instructions): | |
| a. Nature of activity: | |
| To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively | |
| 11.b. Period during which performed: | 11.c. Extent performed: |
| 6/5 thr 6/6/08 | Fully Performed |
| 11.d. Name and address through whom performed: | |
| Name | Additional Name and address through whom performed, if any: |
| Organization LRT Consulting Services | Name |
| P.O. Box, Bldg., Room No., if any | Organization |
| Street 7850 S. Elm, Suite E | P.O. Box, Bldg., Room No., if any |
| City Broken Arrow | Street |
| State OK ZIP Code + 4 74011 | City |
| | State ZIP Code + 4 |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: |
| Production associate Classification Employer | Food and Commercial Workers |