

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

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.

464126

1. File Number: C- 00400

### Person Filing

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

Name Alex Casillas

Title Consultant

Organization Action Resources

P.O. Box, Bldg., Room No., if any 223

Street 1119 S. Mission Road

City Fallbrook

State California ZIP Code + 4 92028

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

Organization Rotech Healthcare

Trade Name, if any

P.O. Box, Bldg., Room No., if any 300

Street 2600 Technology Drive

City Orlando

State Florida ZIP Code + 4 32804

7. Date entered into:

8 / 26 / 2007

8. Name of person(s) through whom made:

Name Kim Lee

Name

Name

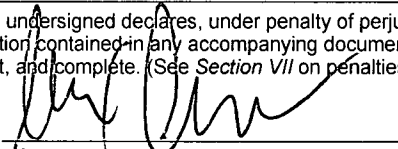
Name

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)

Title Sole Proprietor

14. Signed



Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 07/23/2011

Date

818-999-9990

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.):

Agreement to provide consultation, to give speeches to employees about exercising their right to organize and bargain collectively.

#### Specific Activities to be Performed

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

a. Nature of activity:

Employed to give speeches to employees about exercising their right to organize and bargain collectively.

11.b. Period during which performed:

August 28 to September 30,

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name Alex Casillas

Organization Action Resources

P.O. Box, Bldg., Room No., if any 223

Street 1119 S. Mission Road

City Fallbrook

State California ZIP Code + 4 92028

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:

Patient service technicians, warehouse leads, warehouse clerks.

12.b. Identify subject labor organizations:

Teamsters.