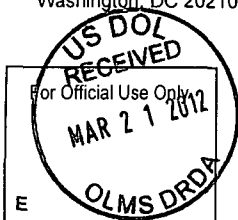


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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.

478730

1. File Number: C- 757

Person Filing	
2. Name and mailing address (include ZIP Code): Name David B Parmenter Title President Organization David B. Parmenter & Associates, Inc. P.O. Box, Bldg., Room No., if any Street 2655 Oakley Park, Suite 206 City Walled Lake State Michigan ZIP Code + 4 48390	3. Any other address where records necessary to verify this report are kept: Name N/A Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: Dec 31 / 12	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 Kevin Watson Organization Watson Health Care, Inc. Trade Name, if any P.O. Box, Bldg., Room No., if any Street 2755 Carpenter Road, Suite 3NW City Ann Arbor State Michigan ZIP Code + 4 48108-1171	7. Date entered into: 2 / 2 / 2012 8. Name of person(s) through whom made: Name Kevin Watson 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 [Signature] President  
(If other title, see instructions)  
Title President

14. Signed [Signature] Treasurer  
(If other title, see instructions)  
Title Treasurer Vice President

On 3/15/12 248-669-5510  
Date Telephone Number

On 3/15/12 248-669-5510  
Date Telephone Number

Filer: David Parmenter	David B. Parmenter & Associates, Inc.	File Number C-
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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	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>To persuade the employees of Watson Health Care to vote NO on a resrepresentaion election.</p>	
<p>11.b. Period during which performed:</p> <p>2/14/12 &amp; 2/18/12</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name David B Parmenter</p> <p>Organization David B. Parmenter &amp; Associates, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2655 Oakley Park, Suite 206</p> <p>City Walled Lake</p> <p>State Michigan ZIP Code + 4 48390</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Shelley K Coe</p> <p>Organization David B. Parmenter &amp; Associates, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2655 Oakley Park, Suite 206</p> <p>City Walled Lake</p> <p>State Michigan ZIP Code + 4 48390</p>
<p>12.a. Identify subject groups of employees:</p> <p>Met with HHA/CNA, LPN's in following RC Petitions:</p> <p>7-RC-073071</p> <p>7-RC-073093</p> <p>7-RC-073111</p>	<p>12.b. Identify subject labor organizations:</p> <p>Service Employees International Union Healthcare Michigan (SEIU)</p>

# DAVID B. PARMENTER AND ASSOCIATES, INC.

## LABOR RELATIONS/MANAGEMENT CONSULTANTS

(248) 669-5510

2655 Oakley Park Road, Suite 206  
Walled Lake, MI 48390

E-fax: (877) 504-2990

### Business Confidential

Via email: kevinwatson@aol.com

January 31, 2012

Mr. Kevin Watson  
President  
Watson Health Care, Inc.  
15900 West 10 Mile Road, Suite 303  
Southfield, MI 49075-2080

FILE COPY

**Re: Engagement Letter: NLRB Petition Nos. 07-RC-073093; 07-RC-073071 and 07-RC-073111**

Dear Kevin:

This engagement letter reflects the agreement reached with Kevin Watson on Monday, January 30, 2012 to represent Watson Health Care in matters pertaining to the NLRB Petition filed by the SEIU in NLRB Case Nos. 07-RC-073093; 07-RC-073071 and 07-RC-073111.

In order to properly represent Watson Health Care before the NLRB, we will need to file a Notice of Appearance at the NLRB in order to receive all notices and correspondence issued by the NLRB in this case.

Scope of Work: You are retaining this Firm to represent Watson Health Care, Inc. before the NLRB and to provide advice and recommendations regarding labor and employee relations strategy matters re: ~~NLRB Case No's. 07-RC-073093; 07-RC-~~ 073071 and 07-RC-073111 filed by the SEIU. This is typically an approximately 6-week engagement. This Agreement does not cover other matters that could arise, such as unfair labor practice charges.

Staffing: David B. Parmenter will be the principal at the Firm primarily responsible for your matter. We may utilize other principals or associates to perform work related to your matter when appropriate.

Hourly Rate: The charge for our services is based upon the amount of professional time expended and the level of experience and expertise of the persons working on the matter. The hourly rate for principals (Mr. Parmenter/Ms. Coe) is \$225.00. The hourly rate for associates ranges from \$200 - \$225 and the hourly rate for administrative assistants is \$35 - \$75, all are charged by the quarter hour. We agree to keep these rates in place through the completion of the scope of work described above.

Retainer Fee for This Engagement: Watson Health Care, Inc. will pay an initial \$2,000.00 retainer fee. This will be applied to the last invoice

Travel Time: Travel Time to and from the client will be charged at the hourly rate.

Travel Expenses: All applicable travel expenses will be borne by the client, e.g. mileage, overnight lodging, meals and local transportation. All mileage expenses incurred will be billed at the current IRS rate.

Other Expenses: Expenses incurred on behalf of the client matter (e.g. training materials, photocopies, postage/delivery etc.) are billed to the client.

Frequency of Billing: You will receive detailed statements on a weekly basis for all services rendered, including expenses chargeable to your organization. These statements will be sent to you personally marked "*Business Confidential*". These invoices are due on receipt.

Attached is an *Acknowledgement of Engagement for Consulting Services*. If this is consistent with your understanding, please sign and return to our office. Should you have any questions, please contact me to discuss.

Thank you.

Sincerely,



David B. Parmenter

Encls.