

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.

511946

1. File Number: C- 00691

Person Filing

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

Name Canna Hunt
Title President
Organization C. Hunt Management Consulting Inc
P.O. Box, Bldg., Room No., if any
Street 701 Low Henry Ct
City Southlake
State TX ZIP Code + 4 76092

3. Any other address where records necessary to verify this report are kept:

Name Phillip Wilson
Title President
Organization Labor Relations Institute
P.O. Box, Bldg., Room No., if any E
Street 7850 South Elm Place
City Broken Arrow
State Oklahoma ZIP Code + 4 74011

4. Date fiscal year ends:

12 / 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 Terrell
Organization Healthsouth Rehab Hospital
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 12440 Cortez Blvd
City Forbesville
State MI ZIP Code + 4 34613

7. Date entered into:

11 / 19 / 12

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

Title President

President
(If other title, see instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see instructions)

On

2.5.13

Date

714 310 480

Telephone Number

On

Date

Telephone Number

Filer:

File Number C-

20091

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.):

Provide employee education regarding their section 7 rights under the NLRA

Specific Activities to be Performed

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

a. Nature of activity:

Education sessions for employees regarding their Section 7 rights

11.b. Period during which performed:

11.19.2012

11.c. Extent performed:

various days beginning 11/20/12

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

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:

Federation of Physicians and Dentists
alliance of Healthcare and
Professional Employees.