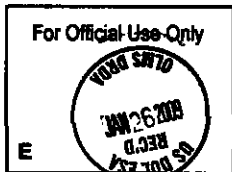


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-201



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.

1. File Number: C- 00525

374932

Person Filing

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

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite B

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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 Beehive Retirement Community

Trade Name, if any

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

Street 401 West Maple Street

City McCleary

State Washington ZIP Code + 4 98557

7. Date entered into:

12 / 10 / 08

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

Name Marvin Pratt

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 III on penalties in the instructions.)

13. Signed

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 1/14/09

Date

918-455-9995

Telephone Number

On 1/14/09

Date

918-455-9995

Telephone Number

Filer:	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.):

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:

12/16-12/17

11.c. Extent performed:

fully performed

11.d. Name and address through whom performed:

Name Denise Malwitz

Organization D.M. Consulting

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

Street 3530 Milford Haven

City Las Vegas

State Nevada ZIP Code + 4 89122

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:

NAs, CNA, RNAs, Resident Aides, Activities Assistants, Social Services Assistants, Receptionists, Maintenance, Transport Drivers

12.b. Identify subject labor organizations:

Machinists & Aerospace Workers

AGREEMENT FOR CONSULTING SERVICES

TO: Marvin Pratt
Beehive Retirement Community
401 West Maple Street
McCleary, WA 98557

DATE: December 10, 2008

PROPOSED INTERVENTION:

LRI Consulting Services, Inc. will provide consulting services to assist Beehive Retirement Community in communicating factual and legally accurate information to eligible voters in NLRB-conducted election to enable voters to make fully informed choices in voting.

TIMING:

The project will begin on or about December 16th and conclude on or about the outcome of the election

TERMS AND CONDITIONS:

Fees: The fee for this project is \$375 per hour plus travel expenses.

Payment Terms: A 50% deposit is required upon acceptance of this proposal with the balance due within 30 days or prior to the date of your election, whichever is first. You agree and acknowledge that failure to pay fees or expenses associated with this project under these terms will result in reassignment of the consultant(s) and a penalty of 1.5% per week until all outstanding invoices are paid in full.

Expenses: Expenses will be billed as actually incurred and are due on presentation of the invoice. Reasonable business expenses include, but are not limited to, transportation (air, rental car, taxi, etc.), lodging, food, and costs for campaign communication materials.

You further acknowledge that no representation by LRICS or its representatives were relied on by you or any member of your company in entering this agreement, and that this document represents the full understanding of the parties. Your deposit, in the absence of your signature below, indicates your acceptance of this project and the terms and conditions as stated herein.

ACCEPTANCE:

We accept the Agreement and terms described above:

For LRI Consulting Services, Inc.

For Beehive Retirement Community



Phillip B. Wilson
President – General Counsel

Marvin Pratt

DATE: December 10, 2008

DATE: December 10, 2008

Petitions

Elections

Strikes

C-Cases

Attorneys

Date Added December 9, 2008 Sale ☐ Code ☐ No Response ☒
 Region-Docket 19 RC 15171 ☐ Print Record ☐ Sales Notes
 Petition Date 12/5/2008 Withdrawn ☐ Yes ☐

Company Name Caring Places Management /Beehive Retirement Community
 Company Rep Heidi Peek
 Salutation Ms. Peek
 Title
 Company Address 401 West Maple Street Enter Alt Info only if different
 City, State, Zip McCleary W 98557
 Telephone/Fax 360-495-3555 Ext. Fax 360-495-3903 Alt
 Type of Estab Retirement Home/Assisted Living IC 623 Unit Size 25
 Unit Included NAs, CNA, RNAs, Resident Aides, Activities Assistant's, Social Services Assistants, Receptionists, Maintenance, Transport Drivers

Union Name Machinists & Aerospace Workers
 Local Number
 Union Address 25 Cornell Avenue
 Union City, State Gladstone, OR Zip 97027 Telephone 503-656-1475
 Union Rep/Filer Charles Toby Title Grand Lodge Representative
 Union Rep Firm
 Intervenor Union Int. Local
 Other Union Oth. Local
 Contact Result
 Comments No unit size reported. Reported by Reliable. Company representative was formerly reported as Diana Foster.

Extra 12/9/2008 Daily 12/10/2008