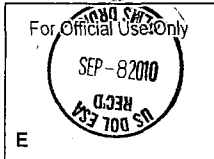


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
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. 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.

437140

1. File Number: C- 707

Person Filing	
2. Name and mailing address (include ZIP Code): Name Mary L Holden Title Consultant Organization Mary L Holden HR/ER Consultant LLC P.O. Box, Bldg., Room No., if any Street 1090 Willow Grove Ct. City Rochester Hills State Michigan ZIP Code + 4 48307	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 / 10	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 John Perini Organization Magnolia Management, Inc. Trade Name, if any Moran Manor P.O. Box, Bldg., Room No., if any Street 1710 Underpass Way, Suite 201 City Hagerstown State Maryland ZIP Code + 4 21740	7. Date entered into: 4 / 13 / 2010 8. Name of person(s) through whom made: Name John Perini 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 Sole Proprietor On 9/1/2010 Date 248 459 5700 Telephone Number	14. Signed _____ Title Treasurer On _____ Date _____ Telephone Number
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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.):

Verbal Agreement with Labor Relations Institute Inc. at \$1500 per day plus reasonable traveling expenses.

#### Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding their rights to organize and bargain collectively

11.b. Period during which performed:

various days 4/13/2010 thru 4/22/10

11.c. Extent performed:

fully performed

11.d. Name and address through whom performed:

Name Jim Teague  
Organization Labor Relations Institute. Inc.

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

Street 7850 South Elm Place , Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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:

NA's, CMA's, Geriatric NA's, Housekeeping,  
Dietary, Laundry, Maintenance, Activity  
Specialist, Restorative Aide

12.b. Identify subject labor organizations:

United Food & Commercial Workers