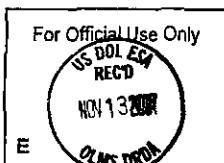


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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- 363

338788

Person Filing

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

Name William P. Wheeler
Title Labor Relations Consultant
Organization

P.O. Box, Bldg., Room No., if any Park Towers/Suite 1509
Street 1620 East Broad Street
City Columbus
State Ohio ZIP Code + 4 43203

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

Name William P. Wheeler
Title Labor Relations Consultant
Organization Midwest Management Consultants, Inc.
P.O. Box, Bldg., Room No., if any Suite 620
Street 425 Metro Place North
City Dublin
State Ohio ZIP Code + 4 43017

4. Date fiscal year ends:

12 / 07

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 MedCorp
Organization
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 745 MedCorp Drive
City Toledo
State Ohio ZIP Code + 4 43608

7. Date entered into:

08 / 06 / 07

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

Name Fred Isch
Name Jay Lowenstein
Name Betsy Bergman
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 President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 10/30/07

Date

614-252-2524

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.):

Verbal agreement to represent MedCorp in campaign against becoming union at their satellite operations in Columbus and Marion, Ohio. Agreement is for no specific time and may be terminated by either party at any time. All consultations billed at \$175.00 per hour including travel time and incurred expenses accordingly.

Specific Activities to be Performed

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

- a. Nature of activity: Giving speeches, preparing written materials for distribution, and conducting meetings with management and employees for purposes of remaining non-union.

11.b. Period during which performed:

08/06/07 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Fred Isch, COO

Organization MedCorp

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

Street 745 MedCorp Drive

City Toledo

State Ohio

ZIP Code + 4 43608

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:

All full-time and regular part-time
EMT employees and ambulette drivers

12.b. Identify subject labor organizations:

Teamsters Local Union #413