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FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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- 00488

Person Filing

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

Name Matthew Perovic
Title President
Organization Quantum Consulting, Inc.
P.O. Box, Bldg., Room No., if any _____
Street 10917 Kilpatrick
City Oak Lawn
State Illinois ☒ ZIP Code + 4 60453

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 Jennifer Richter
Organization Ascension dba Medxcel
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 101 S Handley Road, Suite 450
City St Louis
State Illinois ☒ ZIP Code + 4 63105

7. Date entered into:

8 / 26 / 2016

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

Matthew Perovic
Title President

President
(If other title, see
instructions)

14. Signed

Shawn Perovic
Title Treasurer

Treasurer
(If other title, see
instructions)

On

11-04-2016

Date

708-423-7786

Telephone Number

On

11-04-2016

Date

708-423-7786

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.):

\$1,500.00 per day + reasonable expenses incurred

Specific Activities to be Performed

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

a. Nature of activity:

To persuade employees to exercise their right to choose or not to choose representatives for the purposes of collective bargaining

11.b. Period during which performed:

September, 2016

11.c. Extent performed:

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:

Skilled maintenance employees including all stationary engineers, electricians and fire marshals.

12.b. Identify subject labor organizations:

International Union of Operating Engineers (IUOE)