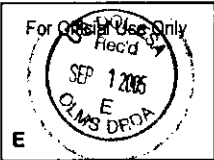


FORM LM-20

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.

331380

1. File Number: C- 00376

Person Filing

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

Name Kelvin C Berens

Title President

Organization Berens & Tate

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

Street 10050 Regency Circle, Suite 400

City Omaha

State Nebraska

ZIP Code + 4 68114

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:

Jan / 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 Philip Samuelson

Organization Evangelical Lutheran Good Samaritan Soc

Trade Name, if any Good Samaritan Comm. of Pipestone

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

Street 1311 N. Hiawatha Ave.

City Pipestone

State Minnesota

ZIP Code + 4 56164

7. Date entered into:

7 / 25 / 2005

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

Name Philip Samuelson

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 Kelvin C. Berens
Title _____
President
(If other title, see instructions)

14. Signed _____
Title Other (Specify) _____
Treasurer
(If other title, see instructions)

On 8/28/05 402-391-1991
Date 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.):

When performing general legal services for the employer, a member of Berens & Tate, P.C. may be involved in activities that may be considered persuader activities.

Specific Activities to be Performed

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

a. Nature of activity:

Provide employees with general information on unionization during employee meetings. Monitor employer speeches and answer questions on behalf of employer.

11.b. Period during which performed:

During organizing activity

11.c. Extent performed:

N/A

11.d. Name and address through whom performed:

Name Donna S Colley

Organization Berens & Tate

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

Street 10050 Regency Circle, Suite 400

City Omaha

State Nebraska

ZIP Code + 4 68114

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:

Employees of Pipestone Good Samaritan, Pipestone, Minnesota facility

12.b. Identify subject labor organizations: