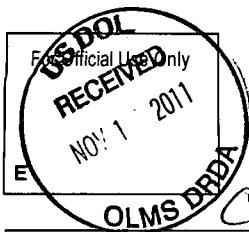




# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011



This report is required 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-

~~18-111-011-5470~~

### Person Filing

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

Name *The Employee Consulting Group*

Title

Organization

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

Street *597 Bowen Estates Rd*

City *Russellville*

State *AR*

ZIP Code + 4 *72802*

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:

*12 / 2011*

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 *Mike Johnson*

Organization *Augustana Health Care*

Trade Name, if any

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

Street *1007 E 14th St.*

City *Minneapolis*

State *MN*

ZIP Code + 4 *55404*

7. Date entered into:

*9 / 30 / 11*

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

*[Signature]*

President  
(If other title, see  
instructions)

Title *President*

14. Signed

*[Signature]*

Treasurer  
(If other title, see  
instructions)

Title *Treasurer*

On

*11-6-11*

Date

*479-280-1087*

Telephone Number

On

Date

Telephone Number

Filer: 18-RC-065400

File Number C-

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.):

*Provide information to employees***Specific Activities to be Performed**

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

- a. Nature of activity: *Provide information to nursing/service employees*

11.b. Period during which performed:

*Various day beginning 10/6/11*

11.c. Extent performed:

11.d. Name and address through whom performed:

Name *Claire McChrister*

Organization *The Employee Causality Group*

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

Street *597 Bowen Estates Rd*

City *Russellville*

State *AR* ZIP Code + 4 *72802*

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:

*Nurses/Service employees*

12.b. Identify subject labor organizations: