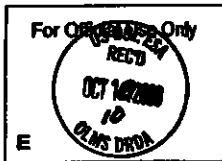


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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-642 37/252

Person Filing

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

Name Mark T Broth

Title Shareholder

Organization Devine, Millimet & Branch, P.A.

P.O. Box, Bldg., Room No., if any P.O. Box 719

Street 111 Amherst Street

City Manchester

State New Hampshire

ZIP Code + 4 03105-0719

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

Name N/A

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): Professional Assoc.

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization Public Service Company of New Hampshire

Trade Name, if any PSNH

P.O. Box, Bldg., Room No., if any P.O. Box 330

Street 780 North Commercial Street

City Manchester

State New Hampshire

ZIP Code + 4 03105-0330

7. Date entered into:

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

Name Richard Chagnon

Name HR Manager

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 President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

6/10/08
Date

603-669-1000

Telephone Number

On

6/17/08
Date

603-669-1000

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.):

Mark T. Broth, Esquire, a shareholder in the law firm of Devine, Millimet & Branch, P.A., and regular outside labor counsel to PSNH, was requested to make presentations to employees in a proposed bargaining unit of customer service employees regarding NLRB election procedures, determination of appropriate bargaining units, and the collective bargaining process.

Specific Activities to be Performed

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

a. Nature of activity:

Attorney Broth, together with PSNH representatives, participated in meetings on March 17 & 18, 2008 with PSNH customer service employees included in a proposed bargaining unit and discussed employee rights and employer obligation under NLRB rules; the NLRB election process; the bargaining unit determination process; the collective bargaining process; and answered employee questions regarding same.

11.b. Period during which performed:

3/14/08 - 3/18/08

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Mark T Broth

Organization Devine, Millimet & Branch, P.A.

P.O. Box, Bldg., Room No., if any P.O. Box 719

Street 111 Amherst Street

City Manchester

State New Hampshire ZIP Code + 4 03105-0719

Additional Name and address through whom performed, if any:

Name N/A

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Customer service employees

12.b. Identify subject labor organizations:

N/A