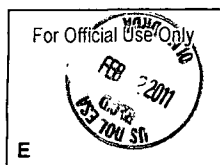


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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



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.

442249

1. File Number: C-7116

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Mary L Holden	3. Any other address where records necessary to verify this report are kept:
Title Consultant	Name
Organization Mary L Holden	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 1090 Willow Grove Ct	P.O. Box, Bldg., Room No., if any
City Rochester Hills	Street
State Michigan ZIP Code + 4 48307-2588	City
	State ZIP Code + 4
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name David Stobb	7. Date entered into: 11 / 9 / 2010
Organization Ciena Healthcare Michigan	8. Name of person(s) through whom made:
Trade Name, if any	Name James Teague
P.O. Box, Bldg., Room No., if any	Name
Street 4000 Town Center Suite 700	Name
City Southfield	Name
State Michigan ZIP Code + 4 48075	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 Mary L Holden President  
(If other title, see instructions)  
Title Sole Proprietor

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title Treasurer

On 1/21/2011 248.4595700  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

Filer: Mary Holden      Mary L Holden	File Number C-
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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.):

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity:	
11.b. Period during which performed: various days beginning 11/16/2010	11.c. Extent performed: completed December, 2010
11.d. Name and address through whom performed: Name    James                      Teague Organization    Labor Relations Institute P.O. Box, Bldg., Room No., if any    P.O. Box 1529 Street    7850 South Elm Place City    Broken Arrow State    Oklahoma                      ZIP Code + 4    74013	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: CNAs, housekeeping, dietary and ward clerks, maintenance personnel	12.b. Identify subject labor organizations: SEIU Healthcare Michigan