U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



C- 00386

1. File Number:

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.

325167

2. Name and mailing address (include ZIP Code): Name Patti L Grant Title Sccretary Organization Preventive Personnel Mgmt of Oregon, Inc P.O. Box, Bidg., Room No., if any p.O. Box 547 Street City Lake Oswego State Oregon ZIP Code + 4 97034 4. Date fiscal year ends: Dec / 31	Person Filing	
Title Secretary Organization Preventive Personnel Mgmt of Oregon, Inc P.O. Box, Bidg., Room No., if any p.o., Box 547 Street City Lake Oswego State Oregon ZIP Code +4 97034 State ZIP Code +4 4. Date fiscal year ends: Dec / 31 Individual b Partnership c CCorporation d Cther (Spedty): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Dick Wilt Organization P.O. Box, Bidg., Room No., if any Name Dick Wilt Organization Name Dick Wilt Name Street 1290 NE Cedar Street City Roseburg State Oregon ZIP Code +4 97470 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 true, correct, and cyniptet. (See Section Vir on penalties in the instructions) 13. Signed Title Prest dent Treasurer Title Treasurer	Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Organization Preventive Personnel Mgmt of Oregon, Inc P.O. Box, Bidg., Room No., if any p.O., Box 547 Street City Lake Oswego City Lake Oswego ZIP Code + 4 97034 State ZIP Code + 4 97034 State ZIP Code + 4 4. Date fiscal year ends: Dec / 31 a Individual b Partnership c CCcorporation d Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Dick Wilt Organization 8. Name of person(s) through whom made: Name Dick Wilt Organization 8. Name of person(s) through whom made: Name Dick Wilt Name Street 1290 NE Cedar Street City Roseburg State Oregon ZIP Code + 4 97470 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, inve. correct, and complete (See Section V/f on penalties in the instructions) 13. Signed Treest dent Treest recreations 14. Signed Treest recreations Title Treest dent Treest recreations Treest recr	Name Patti L Grant	Name n/a
P.O. Box, Bldg., Room No., if any p., p. Box 547 Street City Lake Oswego ZiP Code + 4 97034 State ZiP Code + 4 4. Date fiscal year ends: Dec	Title Secretary	Title
Street City Lake Oswego State Oregon ZIP Code + 4 97034 State ZIP Code + 4 4. Date fiscal year ends: Dec	Organization Preventive Personnel Mgmt of Oregon, Inc	Organization
City State Oregon	P.O. Box, Bldg., Room No., if any p.O. Box 547	P.O. Box, Bldg., Roorn No., if any
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		Title Ireastrer
	On 03/09/2007 5C3-699-1300	On 03/09/2007 503-699-1300

Filer: Patti Grant Preventive Personnel Mgmt of Ore	gon, Inc File Number C- 00386	
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.):		
\$225/hr consulting fee		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity: Persuader activity described in 9(a) above, including meetings with employees.		
respunded destrict described in S(a) above, instan	ing meetings with employees.	
11.b. Period during which performed:	11.c. Extent performed:	
February - March, 2007	Completed Additional Name and address through whom performed, if any:	
11.d. Name and address through whom performed: Name Dian Rubanoff	Name	
Organization Preventive Personnel Management	Organization	
P.O. Box, Bldg., Room No., if any P.O. Box 547	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Lake Oswego	City	
State Oregon ZIP Code + 4 97034	State ZIP Code + 4	
12.a. Identify subject groups of employees.	12.b. Identify subject labor organizations:	
EMT's	International Association of EMT's and Paramedics	
Paramedics Medi-van drivers		