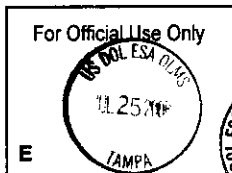


FORM LM-20

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 016 366574**

Person Filing

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

Name **Brent Yessin**

Title **CEO**

Organization **Employee Advocates, LLC**

P.O. Box, Bldg., Room No., if any **Suite 1825**

Street **One Tampa City Center**

City **Tampa**

State **Florida** ZIP Code + 4 **33602**

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:

Jun / 08

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 **Dan Fitpatrick**

Organization **Appalachian Regional Healthcare**

Trade Name, if any **ARH System Center**

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

Street **100 Airport Gardens Rd**

City **HAZARD**

State **Kentucky** ZIP Code + 4 **40301**

7. Date entered into:

08 / 15 / 07

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

Brent Yessin

President
(If other title, see
instructions)

Title **President**

14. Signed

Title **P**

Treasurer
(If other title, see
instructions)

On **06/30/08**

Date

813 248-1818

Telephone Number

On

Date

Telephone Number

Filer:

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. **WE DON'T BELIEVE ANY OF THESE ACTIVITIES WERE UNDERTAKEN.**
- 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.):

Probably not covered by the Act, but generally discussing with nurses the developments at the bargaining table during KNA negotiations. To inform nurses about the hospital's position in bargaining, and answer questions, clarify misperceptions etc. To discuss nurses' rights to work during a labor stoppage, and answer questions or provide information about their rights under the union's constitution and bylaws. There is no written agreement to provide this service, and it may or not be needed.

If needed, service will be provided up to 300 hours at \$100/hr. We are of the opinion no covered activity too place, but will file in any event in an excess of caution.

Specific Activities to be Performed

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

a. Nature of activity:

Probably not covered by the Act, but generally discussing with nurses the developments at the bargaining table during KNA negotiations. To inform nurses about the hospital's position in bargaining, and answer questions, clarify misperceptions etc. To discuss nurses' rights to work during a labor stoppage, and answer questions or provide information about their rights under the union's constitution and bylaws.

11.b. Period during which performed:

8/15/07 - 12/15/07

11.c. Extent performed:

completed, if covered

11.d. Name and address through whom performed:

Name Sue Rosen, RN

Organization Employee Advocates

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

Street

City

State ☒ ZIP Code + 4

Additional Name and address through whom performed, if any:

Name Luisa Perez, LPN

Organization Employee Advocates

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

Street

City

State ☒ ZIP Code + 4

SEE ATTACHED ADDITIONAL NAMES

12.a. Identify subject groups of employees:

Nursing bargaining unit at employer's hospitals in KY and WV

12.b. Identify subject labor organizations:

KNA

Addendum to LM20 section 11.d.

Organization: Employee Advocates, LLC for work at ARH

Address: see section 2

Robin Buesching, RN

Liora Lurie

Carina Hunt, RN

Sue Rosen, RN

Luisa Perez, LPN

Graham Russell, RN