

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

For Official Use Only

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.

508208

1. File Number: C- 00707

Person Filing

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

Name Mary L Holden

Title consultant

Organization Mary L Holden, HR/ER consultant

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

Street 1090 Willow Grove Ct.

City Rochester Hills

State Michigan ZIP Code + 4 48307

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:

Dec / 12

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 David Stobb

Organization Ciena Healthcare Michigan

Trade Name, if any Regency on the Lake

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

Street 4000 Town Center, Suite 700

City Southfield

State Michigan ZIP Code + 4 48075

7. Date entered into:

11 / 9 / 2010

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

Name Jim Teague

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 Mary L Holden

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed _____

Treasurer
(If other title, see
instructions)

Title Treasurer

On 12/9/2012 2484595700

Date

Telephone Number

On _____

Date

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.):

Verbal agreement to explain to employees the facts about union representation

Specific Activities to be Performed

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

a. Nature of activity:

meet with employees to explain the facts about unionization and answer their questions

11.b. Period during which performed:

various days beginning 11/16/2010

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Philip Wilson

Organization Labor Relations Institute, Inc.

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

Street 7850 South Elm Place Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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:

Certified nursing assistants and dietary aids

12.b. Identify subject labor organizations:

SEIU Healthcare Michigan