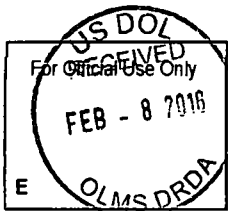


FORM LM-20

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)

604464

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

c- 606773

Person Filing

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

Name Paul Murray

Title President

Organization JALLC

P.O. Box, Bldg., Room No., if any Suite 341

Street 13725 Metcalf

City Overland Park

State Kansas

ZIP Code + 4 66223

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 / 16

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

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

Name Judy Espinoza

Organization Via Christi Health, Inc

Trade Name, if any

P.O. Box, Bldg., Room No., if any Human Resources, Suite 1963

Street 848 N St. Francis

City Wichita

State Kansas

ZIP Code + 4 67214-3800

7. Date entered into:

1 / 4 / 2016

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

Paul E. Murray

President
(If other title, see instructions)

Title President

14. Signed

Title Treasurer

Treasurer
(If other title, see instructions)

On

1/27/16

Date

913-269-7042

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.):

To communicate and educate employees on what is a union card, the NLRB, the National Labor Relations Act of 1935, the legal process for union organizing in an acute care hospital and union contracts.

Specific Activities to be Performed

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

a. Nature of activity:

Communicate and educate as above and answer employee questions.

11.b. Period during which performed:

TBA

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Paul Murray

Organization JALLC

P.O. Box, Bldg., Room No., if any Suite 341

Street 13725 Metcalf

City Overland Park

State Kansas ZIP Code + 4 66223

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:

Hospital and Healthcare employees

12.b. Identify subject labor organizations: