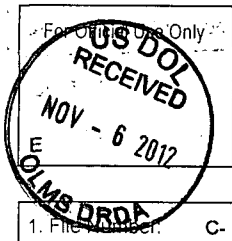


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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



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-

703

507024

Person Filing

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

Name byron. j clay

Title president

Organization BJC Enterprises, Inc

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

Street 10108 Fehlberg Court

City Saint John

State Indiana

ZIP Code + 4 46373

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

31

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 Tim Kamego

Organization Riverview Health & Rehabilitation

Trade Name, if any

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

Street 31100 Telegraph Road, Suite 250

City Bingham Farms

State Michigan

ZIP Code + 4 48025

7. Date entered into:

9 / 14 / 2012

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

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 10/31/2012

Date

219-365-9457

Telephone Number

On 10/31/2012

Date

219-365-9457

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.):

No written agreement. We were engaged by LRI to educate employees regarding their decision on whether to vote for the union.

Specific Activities to be Performed

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

a. Nature of activity:

Held meetings informing employees on all aspects on unionization so that they can make an educated decision on whether or not to vote for a union.

11.b. Period during which performed:

Various days beginning 9/17/2012

11.c. Extent performed:

Continuing thru November 15, 2012

11.d. Name and address through whom performed:

Name Byron J Clay

Organization BJC Enterprises, Inc.

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

Street 10108 Fehlberg Court

City Saint John

State Indiana

ZIP Code + 4 46373

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:

CNA's

12.b. Identify subject labor organizations:

SEIU Healthcare Michigan