

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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.

691898

1. File Number: C- 67190

Person Filing

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

Name Kirsten Moore

Title Consultant

Organization Reliant Labor Consultants

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

Street 139 Drexel Road

City Ardmore

State Pennsylvania ZIP Code + 4 19003

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 / 17

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 Holly Bohannon

Organization LifeCare Hospitals

Trade Name, if any

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

Street

City

State ZIP Code + 4

7. Date entered into:

2 / 22 / 2017

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

Name

Name

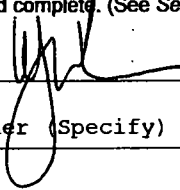
Name

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 Other (Specify) Consultant

14. Signed _____ Treasurer
(If other title, see instructions)

Title Other (Specify)

On 6/5/2017 616-420-0819
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.):

\$1500.00 per day plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Educate employees of their rights under the NLRA

11.b. Period during which performed:

2/22 & 23, 3/8 & 9, 5/18, 2017

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name Joe Brock
 Organization Reliant Labor Consultants
 P.O. Box, Bldg., Room No., if any
 Street 10108 Fehlberg Court
 City St John
 State Indiana ZIP Code + 4

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:

Registered Nurse, Certified Nursing Assistants,
 Pharmacists, Pharmacy Techs, Environmental
 Services Workers, & Dietary Workers

12.b. Identify subject labor organizations:

Unknown