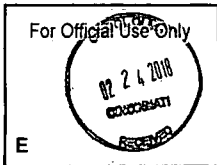


FORM LM-20

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.

663950

1. File Number: C- 00572

Person Filing

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

Name Sanderson B Adams

Title President

Organization Tactical Advisory Group

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

Street 28 W. Orchard Road

City Fort Mitchell

State Kentucky ZIP Code + 4 41011

3. Any other address where records necessary to verify this report are kept:

Name Susan R Crain

Title Secretary/Treasurer

Organization Tactical Advisory Group

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

Street 7182 Champions Lane

City West Chester

State Ohio ZIP Code + 4 45069

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

Organization

Trade Name, if any RadNet, Inc.

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

Street 1510 Cotner Avenue

City Los Angeles

State California ZIP Code + 4 90025

7. Date entered into:

10 / 1 / 2017

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

Name Ruth Wilson V.P.H.R.

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

Sanderson B Adams

President
(If other title, see
instructions)

Title President

14. Signed

Susan R Crain

Treasurer
(If other title, see
instructions)

Title Treasurer

On

2/23/18

Date

(859) 630-7292

Telephone Number

On

2/23/18

Date

(513) 777-6204

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.):

Inform employees about the realities of union representation and collective bargaining.

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Persuade employees to vote "no" for union representation</p>	
<p>11.b. Period during which performed:</p> <p>10-1-17</p>	<p>11.c. Extent performed:</p> <p>continuing into 2018</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Carina M Hunt</p> <p>Organization C. Hunt Management Consulting, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 909 Champions Court</p> <p>City Roanoke</p> <p>State Texas ZIP Code + 4 76262</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>Technical Employees and Registered Nurses</p>	<p>12.b. Identify subject labor organizations:</p> <p>NUHW National Union of Healthcare Workers</p>