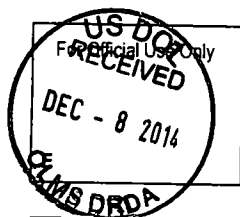


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

573588

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 759 673

Person Filing

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

Name Roberta Buesching
Title President
Organization About Business, Inc.
P.O. Box, Bldg., Room No., if any
Street 6483 S. Xenophon St
City Littleton
State Colorado ZIP Code + 4 80127

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 Nancy Dinow
Organization Orlando Health
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 50 South Lucerne Circle
City Orlando
State Florida ZIP Code + 4 32801

7. Date entered into:

10 / 15 / 2014

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

Name Nancy Dinow
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 Roberta Buesching President
(If other title, see instructions)
Title President

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

On 11/15/14 720-838-7322
Date Telephone Number

On _____
Date Telephone Number

Filer:

File Number C-

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.):

The company was employed on a per hour basis pursuant to an oral contract.

Specific Activities to be Performed

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

a. Nature of activity:

To conduct meetings with employees for the purpose of discussing their right to organize; right to refrain from organizing; and the right to bargain collectively

11.b. Period during which performed:

10/15/14

11.c. Extent performed:

Near completion

11.d. Name and address through whom performed:

Name Roberta Buesching
Organization About Business, INC

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

Street 6483 S. Xenophon St

City Littleton

State Colorado ZIP Code + 4 80127

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:

All employees eligible to be in a bargaining unit.

12.b. Identify subject labor organizations:

SEIU, UHE,
NNU