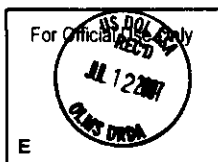


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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-

628 331359

Person Filing

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

Name James Frazier
Title 3104 Holden Cir Matteson, IL 60443
Organization Self Employed
P.O. Box, Bldg., Room No., if any
Street 3104 Holden Circle
City Matteson
State IL ZIP Code + 4 60443

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:

12/07

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 Sarnia Health Systems
Organization Health Care
Trade Name, if any Hospital
P.O. Box, Bldg., Room No., if any
Street 15th + California
City Chicago
State IL ZIP Code + 4 60608

7. Date entered into:

6/8/07

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

Name James Frazier
Name Allen Channing
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

James Frazier

President
(If other title, see instructions)

Title President

14. Signed

Treasurer

Treasurer
(If other title, see instructions)

Title

On

6/12/07

Date

708 481-2779

Telephone Number

On

Date

Telephone Number

