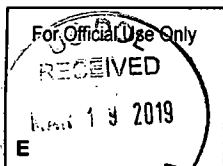


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

1.f2  
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.

693431

1. File Number:

C-

694

### Person Filing

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

Name Russell m Brown

Title ceo

Organization RoadWarrior Pro, LLC

P.O. Box, Bldg., Room No., if any 372636

Street

City Satellite Beach

State Florida ZIP Code + 4

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

Name N/A

Title

Organization

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

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 18

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 Blain Claypool

Organization St. Joseph Regional Medical Center

Trade Name, if any

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

Street 415 Sixth St

City Lewiston

State Idaho ZIP Code + 4 83501

7. Date entered into:

08 / 20 / 2018

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

On Dec 12, 2018

Date

2027808005

Telephone Number

On

Date

Telephone Number

Filer:	File Number C-
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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.):

Handshake agreement \$3200 per day per consultant 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

<p>11.b. Period during which performed:</p> <div style="border: 1px solid black; padding: 2px;">Sep 11, 2018</div>	<p>11.c. Extent performed:</p> <div style="border: 1px solid black; padding: 2px;">fully</div>
<p>11.d. Name and address through whom performed:</p> <p>Name <div style="border: 1px solid black; padding: 2px;">William</div> <div style="border: 1px solid black; padding: 2px;">Monroe</div></p> <p>Organization <div style="border: 1px solid black; padding: 2px;">delf</div></p> <p>P.O. Box, Bldg., Room No., if any <div style="border: 1px solid black; padding: 2px;"></div></p> <p>Street <div style="border: 1px solid black; padding: 2px;">412 Stonebridge Blvd</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">New Castle</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">Delaware</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">19720</div></p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div></p> <p>Organization <div style="border: 1px solid black; padding: 2px;"></div></p> <p>P.O. Box, Bldg., Room No., if any <div style="border: 1px solid black; padding: 2px;"></div></p> <p>Street <div style="border: 1px solid black; padding: 2px;"></div></p> <p>City <div style="border: 1px solid black; padding: 2px;"></div></p> <p>State <div style="border: 1px solid black; padding: 2px;"></div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;"></div></p>

<p>12.a. Identify subject groups of employees:</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p>Nurses</p> </div>	<p>12.b. Identify subject labor organizations:</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p>International Brotherhood of Teamsters</p> </div>
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