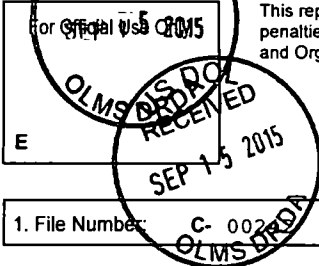


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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

for Official Use Only



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)

597829

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-002 242

Person Filing

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

Name

Title

Organization Friday, Eldredge & Clark, LLP

P.O. Box, Bldg., Room No., if any Suite 2000

Street 400 W. Capitol

City Little Rock

State Arkansas

ZIP Code + 4 72201

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

Organization Atkins Care Center, Inc.

Trade Name, if any

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

Street 605 Northwest 7th Street

City Atkins

State Arkansas

ZIP Code + 4 72823

7. Date entered into: 8/12/15

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 Managing Partner

14. Signed

Treasurer
(If other title, see
instructions)

Title Other (Specify)

Vice Managing Partner

On

9/9/15

Date

501 376-2011

Telephone Number

On

9/9/15

Date

501 376-2011

Telephone Number

Filer: Friday, Eldredge & Clark, LLP	File Number C- 00242
--------------------------------------	----------------------

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.):

Verbal agreement to represent client during union's organizational campaign at client's facility in Atkins, Arkansas. Billing based on assigned attorney's standard hourly rate plus expenses for all work performed. Firm's representation at the will of both parties.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Wayne Young assisted client throughout duration of union campaign during the NLRB conducted election on September 2, 2015 in case no. 15-RC-157446. Mr. Young conferred with employees, answered questions and advised the client as to legal matters, spoke about relevant campaign matters, assisted with campaign matters and attended the election session.	
11.b. Period during which performed: 8/12/15 - 9/2/15	11.c. Extent performed: completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name H. Wayne Young	Name
Organization Friday, Eldredge & Clark, LLP	Organization
P.O. Box, Bldg., Room No., if any Suite 2000	P.O. Box, Bldg., Room No., if any
Street 400 W. Capitol Ave	Street
City Little Rock	City
State Arkansas ZIP Code + 4 72201	State ZIP Code + 4
12.a. Identify subject groups of employees: Certified Nursing Assistants, Housekeepers, Dietician, Laundry, Maintenance	12.b. Identify subject labor organizations: United Labor Unions, Local 100