

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 12-31-2010



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.

556487

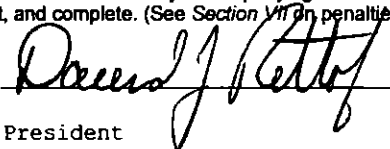

1. File Number: C- 00568

Person Filing	
2. Name and mailing address (include ZIP Code): Name Raymond Rosenbach Title Treasurer Organization Govt Resources Consultants of America P.O. Box, Bldg., Room No., if any 106 Street 253 Commerce Drive City Grayslake State Illinois ZIP Code + 4 60030	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 / 14	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Rick Knab Organization Pyramid Healthcare Inc Trade Name, if any P.O. Box, Bldg., Room No., if any P O BOX 967 Street 1894 Old Route 220 City North Duncansville State Pennsylvania ZIP Code + 4 16635	7. Date entered into: 4 / 21 / 2014 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  Title President On 05/09/2014 Date 847-337-3480 Telephone Number	14. Signed  Title Treasurer On 05/09/2014 Date 847-337-3480 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.):

To provide professional consulting services as described in Section 11.

#### Specific Activities to be Performed

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

a. Nature of activity:

Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.

11.b. Period during which performed:

April 2014 though June 2014

11.c. Extent performed:

On Going

11.d. Name and address through whom performed:

Name James Levyne  
Organization Govt Resources Consultants of America  
P.O. Box, Bldg., Room No., if any 106  
Street 253 Commerce Drive  
City Grayslake  
State Illinois ZIP Code + 4 60030

Additional Name and address through whom performed, if any:

Name Gerald R O'Brien  
Organization Govt Resources Consultants of America  
P.O. Box, Bldg., Room No., if any 106  
Street 253Commerce Drive  
City Garyslake  
State Illinois ZIP Code + 4 60030

12.a. Identify subject groups of employees:

Behavioral Health Techs, Kitchen Workers, Maintenance Workers, Housekeeping Workers, Transportation Drivers, Detox Spec, Life Skills Specialists, Counselors (MIP & WIP), RNs and LPNs, all clerical staff, Medical Secretary, Utilization Review, After Care, Medical Records.

12.b. Identify subject labor organizations:

SEIU Local 668