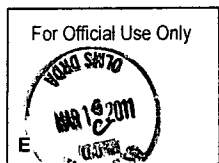


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

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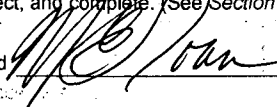
1. File Number: C-~~000000~~ 725

Person Filing	
2. Name and mailing address (include ZIP Code): Name Mike Roan Title Consultant Organization P.O. Box, Bldg., Room No., if any Street 6213 Capistrano Avenue City Woodland Hills State California ZIP Code +4 91367	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. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 Organization Informed Choices Education Trade Name, if any P.O. Box, Bldg., Room No., if any Street 6501 E. Greenway Parkway #103-114 City Scottsdale State Arizona ZIP Code + 4 85254	7. Date entered into: 3 / 23 / 2010 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 Other (Specify) Consultant On 2-1-11 Date Telephone Number	14. Signed _____ Title _____ On _____ Date Telephone Number	Treasurer (If other title, see instructions)
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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.):

Informed Choices Education has agreed to contract with Mike Roan, to provide educational consulting services for Presby's Inspired Life.

Specific Activities to be Performed

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

a. Nature of activity:

Mike Roan was engaged to educate the employees of Presby's Inspired Life, engaged with Informed Choices Education, of their Section 7 rights under the NLRA.

11.b. Period during which performed:

03/23/2010

11.c. Extent performed:

04/17/2010

11.d. Name and address through whom performed:

Name Mike Roan

Organization

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

Street 6213 Capistrano Avenue

City Woodland Hills

State California ZIP Code + 4 91367

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:

Employees of the client, Presby's Inspired Life, engaged by Informed Choices Education.

12.b. Identify subject labor organizations:

SEIU (Service Employees International Union)