

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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)

1004480

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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 Dr  
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 / 16

#### 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 Kathleen A Bender  
Organization Orchid Orthopedic Solutions  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 13963 Fir Street  
City Oregon City  
State Oregon ZIP Code + 4 97045

#### 7. Date entered into:

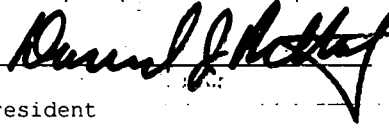
1 / 12 / 2016

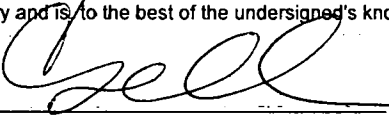
#### 8. Name of person(s) through whom made:

Name Kathleen A Bender  
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 Treasurer

On 1-14-16 847-337-3480  
Date Telephone Number

On 1-14-16 847-337-3480  
Date 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:

January 2016 on going

## 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 Dr  
City Grayslake  
State Illinois ZIP Code + 4 60030

## 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:

Production Workers

## 12.b. Identify subject labor organizations:

International Association of Machinists