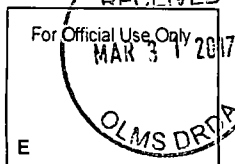


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



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.

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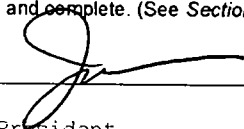
1. File Number: C- 67257

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Joseph Brock	3. Any other address where records necessary to verify this report are kept:
Title President	Name
Organization Reliant Labor Consultants	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 151 Forge Lane	P.O. Box, Bldg., Room No., if any
City Delran	Street
State New Jersey ZIP Code + 4 08075	City
	State ZIP Code + 4
4. Date fiscal year ends: Dec / 17	5. Type of person: a. <input type="checkbox"/> Individual b. <input checked="" 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 Holly Bohannon	7. Date entered into: 2 / 22 / 2017
Organization Lifecare Management Services	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 5340 Legacy Dr. Ste. 150	Name
City Plano	Name
State Texas ZIP Code + 4 75024	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 3-19-17 215-840 2085  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

345

Filer: Joseph Brock Reliant Labor Consultants	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.):

No written agreements. Engaged by Lifecare Management Services to educate employees on all aspects of unions so that they could make an informed decision on whether or not to support a union.  
Pre-petition

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Hold meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to support a union. Pre-petition	
11.b. Period during which performed: February/March 2017	11.c. Extent performed: various days
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Kirsten Moore	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 139 Drexel Rd	Street
City Ardmore	City
State Pennsylvania ZIP Code + 4 19003	State ZIP Code + 4
12.a. Identify subject groups of employees: Various employees	12.b. Identify subject labor organizations: Pre-petition