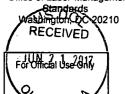
U.S. Department of Labor Office of Labor-Management



FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

This report is mandatory under P.L. 86-257, as amended. Failure to compty 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.

650125

1. File Number: C- 00755		
Person Filing		
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:	
Name Robert Long	Name	
Title President	Title	
Organization Healthcare Labor Solutions	Organization	
P.O. Box, Bldg., Room No., if any Suite 251-151	P.O. Box, Bldg., Room No., if any	
Street 4843 Colleyville Blvd.	Street	
City Colleyville	City	
State Texas ZIP Code + 4 76034	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec / 31 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):	7. Date entered into: 5 / 15 / 2017	
Name Sabrina Granville		
Organization Lowell General Hospital	Name of person(s) through whom made:	
Trade Name, if any	Name Robert Long	
P.O. Box, Bldg., Room No., if any	Name Sabrina Granville	
Street 295 Varnum Avenue	Name	
City Lowell	Name	
State Massachusetts ZIP Code + 4 01854	Name	
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions)	
On 06/14/2017 877-424-9799	On 06/14/2017 877-424-9799	
Date Telephone Number	Date Telephone Number	

Filer Robert Long Healthcare Labor Solutions	File Number C- 00755	
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 ecollectively through representatives of their own choosing.	exercising, the right to organize and bargain	
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.):		
All services described in Section 11a below shall be performed on an hoconnection with the performance of such services as accommodations, mea reimbursed to Healthcare Labor Solutions.		

Specific Activities to be Performed

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

Healthcare Labor Solutions has been retained to assist the employer named above in communications with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively under the National Labor Relations Act. We will assist in communicating and conducting meetings with employees during this period.

11.b. Period during which performed:	11.c. Extent performed:
05/18/2017	05/21/2017
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Robin Buesching	Name
Organization Healthcare Labor Solutions	Organization
P.O. Box, Bldg., Room No., if any Suite 251-151	P.O. Box, Bldg., Room No., if any
Street 4843 Colleyville Blvd.	Street
City Colleyville	City
State Texas ZIP Code + 4 76034	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
RNs	MNA

Form LM-20 (2003)