

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- **696**

### Person Filing

2. Name and mailing address (include ZIP Code):

Name **Rebecca M Smith**  
Title **owner**  
Organization **Taltos Consulting, Inc**  
P.O. Box, Bldg., Room No., if any  
Street **1474 Lodgepole Dr**  
City **Henderson**  
State **NV** ZIP Code + 4 **89014**

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:

**12 / 2010**

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 **Tim Rother**  
Organization **ARH Recovery Homes, Inc**  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any **Suite D-147**  
Street **1101 S Winchester Blvd,**  
City **San Jose**  
State **CA** ZIP Code + 4

7. Date entered into:

**2 / 1 / 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

**Rebecca M Smith**

President  
(If other title, see  
instructions)

Title **President**

14. Signed

Treasurer  
(If other title, see  
instructions)

Title **Treasurer**

On

**8-4-2010**

Date

**702-494-8416**

Telephone Number

On

Date

Telephone Number

Filer:

Rebecca M. Smith

File Number C-

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.):

## Specific Activities to be Performed

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

a. Nature of activity: one employee meeting

11.b. Period during which performed:

3-8-2010 - 3-8-2010

11.c. Extent performed:

Persuader

11.d. Name and address through whom performed:

Name Phil Wilson

Organization LRI

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

Street

City

State

ZIP Code + 4

1529  
7850 South Elm Place  
Broken, Arrow  
OK 74013

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:

Facility MGRs, Counselors, Drivers,  
Clerks, Program Coordinators,  
Clinical Supervisors,

12.b. Identify subject labor organizations:

IBT