

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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.

649787

1. File Number:

C-

67190

Person Filing

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

Name Kirsten Moore

Title Consultant

Organization Reliant Labor Consultants

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

Street 139 Drexel Road

City Ardmore

State Pennsylvania

ZIP Code + 4 19003

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 / 17

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 Holly Bohannon

Organization LifeCare Management Services

Trade Name, if any

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

Street 5340 Legacy Dr Ste 150

City Plano

State Tennessee

ZIP Code + 4 75024

7. Date entered into:

2 / 22 / 2017

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

President
(If other title, see
instructions)

Title Other (Specify)

14. Signed

Title Other (Specify)

Treasurer
(If other title, see
instructions)

On

6/5/17

Date

610.420.0819

Telephone Number

On

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.):

No written agreement. 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.

Specific Activities to be Performed

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 union so that they could make an informed decision on whether or not to support a union.

11.b. Period during which performed:

2/22 & 23, 3/8&9, 5/18, 2017

11.c. Extent performed:

Various Days

11.d. Name and address through whom performed:

Name Joe Brock
 Organization Reliant Labor Consultants
 P.O. Box, Bldg., Room No., if any
 Street 10108 Fehlberg Court
 City St John
 State Indiana ZIP Code + 4

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:

Various Employees

12.b. Identify subject labor organizations:

Pre Petition