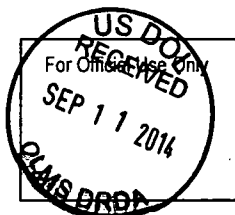


# FORM LM-20

## 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 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)

572497

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66082

### Person Filing

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

Name Paul Murray

Title President

Organization PT&E, LLC

P.O. Box, Bldg., Room No., if any 111

Street 7113 West 135th Street

City Overland Park

State Kansas

ZIP Code + 4 66213

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 / 14

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Michael Grove

Organization Seton Manor, Inc

Trade Name, if any

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

Street 1000 Seton Drive

City Orwigsburg

State Pennsylvania

ZIP Code + 4 17961

7. Date entered into:

8 / 15 / 2014

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

*Paul E. Murray*  
President  
(If other title, see instructions)

Title President

14. Signed

Treasurer  
(If other title, see instructions)

Title Treasurer

On

9.4.14

Date

913-269-7042

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.):

Educate employees

**Specific Activities to be Performed**

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

a. Nature of activity:

Educate as above and answer employee questions

11.b. Period during which performed:

8/17/14 ongoing

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name

Organization PT&E, LLC

P.O. Box, Bldg., Room No., if any 111

Street 7113 West 135th Street

City Overland Park

State Kansas

ZIP Code + 4 66213

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:

Senior Living employees

12.b. Identify subject labor organizations: