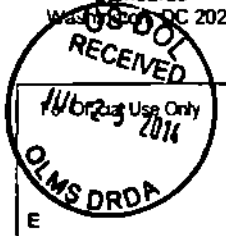


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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:

5591645
c-658

Person Filing

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

Name Jason Greer

Title CEO

Organization Greer Consulting, Inc.

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

Street 6311 Ronald Reagan Drive, Suite 162

City Lake Saint Louis

State Missouri

ZIP Code + 4 63367

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)

Nature of Agreement or Arrangement

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

Name

Organization Risco Assisted Living

Trade Name, if any

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

Street 5790 Fleet Street, Suite 300

City Carlsbad

State California

ZIP Code + 4 92008

7. Date entered into:

4 / 14 / 2014

8. Name of person(s) through whom made:

Name Terri Novak

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)

CEO

14. Signed

Treasurer

Treasurer
(If other title, see
instructions)

On 7/23/2014

Date

314-643-4218

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.):

None

Specific Activities to be Performed

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

a. Nature of activity:

Met with employees to discuss possible unionization.

11.b. Period during which performed:

6/24/14 - 7/21/14

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Natasha Gordon

Organization Greer Consulting, Inc.

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

Street 6311 Ronald Reagan Drive, Suite 162

City Lake Saint Louis

State Missouri ZIP Code + 4 63367

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:

All full-time and regular part-time Certified Nursing Assistants (CNAs), customer service representatives, drivers, bartenders, cooks, servers, utility workers, lead servers, maintenance technicians, custodians, housekeepers, laundry aides, certified occupational therapy assistants (COTAs), occupation/physical therapist assistants, rehab technicians and wellness assistants at the LaPosada facility located at 11900 Taylor Drive, Palm Beach Gardens, Florida

12.b. Identify subject labor organizations:

Service Employees International Union, Local 1199