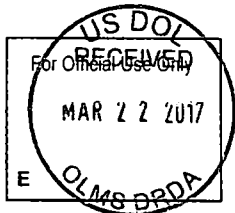


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

637869



1. File Number: C- 703

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	byron j clay
Title	President
Organization	BJC & Associates, Inc.
P.O. Box, Bldg., Room No., if any	
Street	10108 Fehlberg Court
City	Saint John
State	Indiana <input checked="" type="checkbox"/> ZIP Code + 4 46373
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:	5. Type of person:
Dec <input checked="" type="checkbox"/> / 31	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	Jan Stewart
Organization	Jacksonvill Health and Rehab
Trade Name, if any	NHS Management LLC
P.O. Box, Bldg., Room No., if any	
Street	410 Wilson Drive SW
City	Jacksonville
State	Alabama <input checked="" type="checkbox"/> ZIP Code + 4 36265
7. Date entered into: 5 / 20 / 2016	
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)	14. Signed 	Treasurer (If other title, see instructions)
Title	President	Title	Treasurer
On	03/01/2017	On	03/01/2017
Date	219-577-9420	Date	219-577-9420
	Telephone Number		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. We were engaged by Jacksonville Health and Rehab through LRI to educate employees on all aspects of unions so that they could make an informed decision on whether or not to support a union.

Specific Activities to be Performed

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

a. Nature of activity:

Held meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to support a union

11.b. Period during which performed:

Various days beginning 5/23/2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Byron J Clay

Organization BJC & Associates, Inc.

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

Street 10108 Fehlborg Court

City Saint John

State Indiana ZIP Code + 4 46373

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:

Steelworkers

12.b. Identify subject labor organizations:

Certified Nursing Assistants