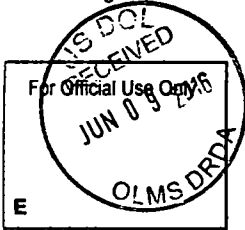


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT



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.

622402

1. File Number: c-683

Person Filing

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

Name Joseph Brock

Title President

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Rd

City Delran

State New Jersey ZIP Code + 4 08075

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 / 31

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

Organization LifeCare Hospital of Chester County

Trade Name, if any

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

Street 5340 Legacy Drive, suite 150

City Plano

State Texas ZIP Code + 4 75024

7. Date entered into:

5 / 3 / 2016

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

Name Holly Bohannon

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 President

14. Signed

Treasurer
(If other title, see instructions)

Title

On 6/3/2016

Date

215-840-2088

Telephone Number

On

Date

Telephone Number

560

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.):

See attached agreement

Specific Activities to be Performed

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

a. Nature of activity:

To give speeches to employees regarding their right to organize and collectively bargain.

11.b. Period during which performed:

Various days beginning 4/26

11.c. Extent performed:

fully performed

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State ZIP Code + 4

Additional Name and address through whom performed, if any:

Name Kirsten ☐ Johnson-Moore

Organization

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

Street 139 Drexel Rd

City Ardmore

State Pennsylvania ZIP Code + 4 19003

12.a. Identify subject groups of employees:

All Nurses, CNA's, Respiratory Therapists, LPN's and Monitor Technicians

12.b. Identify subject labor organizations:

PASNAP

East Coast Labor Relations, LLC

Terms and Conditions

ECLR will provide consulting services to you at LifeCare Hospital of Chester County at dates and times as scheduled by LifeCare.

The fee for all consulting services will be a flat rate of \$58,000. For purposes of this agreement, these costs are inclusive of our previous agreement, and those costs will roll into this agreement and are therefore included in that 58,000 total. ECLR makes no representations or guarantees regarding a successful outcome. A 10% retainer will be due within one week of the effective date of this agreement.

Payment Terms

ECLR will provide you with an invoice for consulting services performed hereunder. All fees are non-refundable and due within 7 days of your receipt of such an invoice. You agree and acknowledge that failure to pay fees or expenses associated with this project under these terms will result in reassignment of consultant(s), a penalty of the maximum allowable interest rate under law in the State of New Jersey per month, plus any costs we incur to collect an outstanding balance, until all outstanding invoices are paid in full.

You further acknowledge that no representation by ECLR and Associates or its representatives were relied on by you or any member of your company in entering this agreement, and that this document represents the full understanding of the parties. You also acknowledge and agree that we have informed you of the obligation to report any direct persuader activity performed on your behalf to the United States Department of Labor by both our firm and your firm and that failure to timely file these reports can subject your company criminal penalties. Your payment, in the absence of your signature below, indicates your acceptance of this project and the terms and conditions as stated herein. The terms and conditions on this proposal are good for 90 days from the date on this proposal unless specified otherwise. The parties agree to resolve any disputes under this agreement by submitting them to arbitration under the American Arbitration Associations rules.

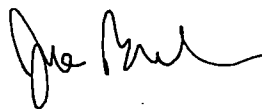
Acceptance

We accept the proposal above and the intervention(s) selected:

_____ Campaign Consulting

For East Coast Labor Relations, LLC

For LifeCare Hospital



Joseph Brock, President

Date: May 3, 2016

