

Ú:S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Managemand Budget
No. 1215-0188
Expires 09-30-201



1/12/09

918-455-9995

Telephone Number

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Liabor 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 PFIEPARING THIS REPORT. 1. File Number: C- 00525 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Title Title Organization : Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 7850 South Elm Place, Suite E City City Broken Acrow ZIP Code + 4 State Oklahoma ZIP Code + 4 74011 State 5. Type of person: 4. Date fiscal year ends: a. Individual b. Partnership c. X Corporation d. Other (Specify): Dec Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 11 26 Name 8. Name of perison(s) through whom made: Organization Attentive Care. Inc. Name Brian Botshon Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 5 Computer Drive West City Albany Name ZIP Code + 4 State New York 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 a knowledge and belief, true, correct, and complete. (See Section VI) on penalties in the instructions.) 14. Signed 13. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) President Tieasurer Title Title

1/12/09

Date

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Filer:	File Number C-
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:	
s. Clieck the appropriate box to include whether an object of the activities different, is directly of 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 labbr 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.): Agreement to provide consultation to give speeches to employed about exercising their right to organize and bargain collectively.	
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Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: Employeed to give speeches to employees regarding exercising their right to organize and bargain collectively.	
11.b. Period during which performed:	11.c. Extent performed:
Various Days from 11/24-12/16	Ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Mike Rosado	Name
Organization M. Rosado Consultants, LLC	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldgi, Room No., if any
Street 5 Quail Court	Street
City Englewood	City
State New Jersey ZIP Code + 4 07631	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Home Realth Aides, Personal Care Aides	SEIU United Healthcare Workers Bast

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AGREEMENT FOR CONSULTING SERVICES

TO:

Brian Botshon Attentive Care, Inc. 5 Computer Drive West Albany, NY12205p DATE:

November 26, 2008

PROPOSED INTERVENTION:

LRI Consulting Services, Inc. will provide consulting services to assist Attentive Care, Inc. in communicating factual and legally accurate information to eligible voters in NLRB-conducted election to enable voters to make fully informed choices in voting.

TIMING

The project will begin on or about 11/24/08 and conclude on or about the cutcome of the election.

TERMS AND CONDITIONS:

Fees: The fee for this project is \$375 an hour plus travel expenses.

Payment Terms: A 50% deposit is required upon acceptance of this proposal with the balance due within 30 days or prior to the date of your election, whichever is first. You agree and acknowledge that failure to pay fees or expenses associated with this project under these terms will result in reassignment of the consultant(s) and a penalty of 1.5% per week until all outstanding invoices are paid in full.

Expenses: Expenses will be billed as actually incurred and are due on presentation of the invoice. Reasonable business expenses include, but are not limited to, transportation (air, rental car, taxi, etc.), lodging, food, and costs for campaign communication materials.

You further acknowledge that no representation by LRICS 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. Your deposit, in the absence of your signature below, indicates your acceptance of this project and the terms and conditions as stated herein.

ACCEPTANCE:

We accept the Agreement and terms described above:

For LRI Consulting Services, Inc.

For Attentive Care, Inc.

Phillip B. Wilson

Vice President - General Counsel

Brian Botshan:

President:

DATE: November 26, 2008

DATE: