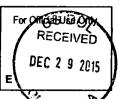
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016



1. File Number:

**Person Filing** 

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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 Discosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name Khanh Tran	Name		
Title Consultant	Title		
Organization	Organization		
P.O. Box, Bldg., Room No., if any P.O. Box 1501	P.O. Box, Bldg., Room No., if any		
Street	Street		
City Lake Forest	City		
State California ZIP Code + 4 92609	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Dec 🔽 / 15 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):	7. Date entered into:		
Name Ben Katsevich	7/27/2015		
Organization Town View Health & Rehabilitation Center	8. Name of person(s) through whom made:		
Trade Name, if any	Name		
P.O. Box, Bldg., Room No., if any	Name		
Street 300 Barr Street	Name		
City Canonsburg	Name		
State Pennsylvania    ✓ ZIP Code + 4 15317	Name		
Signa	tures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,		
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see		
Title Consultant I instructions)	Title instructions)		
On 12/14/2015	On		
Date Telephone Number	Date Telephone Number		
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Filer: Khanh Tran		File Number C-	

- 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
  - a. X 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. T	erms and conditions	(Explain in detail; see instructions	Written agreements must be attached.):
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Provided consultation and give meetings to employees about National Labor Relations ACt

## Specific Activities to be Performed

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

To provide consultation and give meetings to employees about National Labor Relations ACT and their rights under section 7.

11.c. Extent performed: Completed
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.b. Identify subject labor organizations:
Pre-petition

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