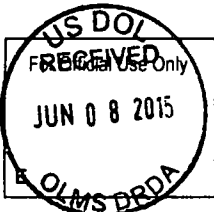


FORM LM-20

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.

593280

1. File Number: C- 00664

Person Filing

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

Name Edward M Echanique

Title President

Organization Labor Relations Consulting

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

Street 155 Bay Laurel Drive

City Mooresville

State North Carolina

ZIP Code + 4 28115

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):

Nature of Agreement or Arrangement

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

Name Sharon Z Ginchansky

Organization Los Angeles Jewish Home

Trade Name, if any

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

Street 7150 Tampa Ave.

City Reseda

State California

ZIP Code + 4 91335

7. Date entered into:

3 / 10 / 2014

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)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On

05/21/2015
~~03/30/2014~~

(951) 265-5584

Date

Telephone Number

On

05/21/2015
~~03/30/2014~~

(951) 265-5584

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.):

Specific Activities to be Performed

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

a. Nature of activity:

11.b. Period during which performed:

03/10/2014

11.c. Extent performed:

On going

11.d. Name and address through whom performed:

Name Edward M Echanique
Organization Labor Relations Consulting
P.O. Box, Bldg., Room No., if any
Street 155 Bay Laurel Drive
City Mooresville
State North Carolina ZIP Code + 4 28115

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 Resident Care Staff, Housekeeping,
Maintenance and Dietary Employees.

12.b. Identify subject labor organizations:

United Long Term Care Workers - SEIU



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To Whom It May Concern

At the end of April of 2015, our attorney informed us that he had received a request to fill out paperwork related to the unionization attempt in our company in December of 2014. He mentioned that we should have received a request from the DOL for a LM-10 filing. As of this date, we have not received such a request, but decided to do the filing of the LM-10 document regardless.

Please feel free to contact us if there are any questions or further action is required.

Sincerely,

Marita Shedd

Corporate Human Resources Manager

Office: 586-795-9595

Cell: 586-258-6095



HEADQUARTERS: 7300 Fifteen Mile Road • Sterling Heights, MI 48312 • Phone (586) 795-9595 • Fax (586) 795-9696
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5/12/14 – ATCO Letterhead – F418-47