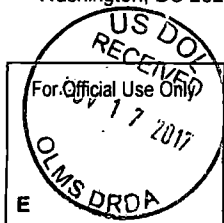


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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.

658040

1. File Number: C- 643

Person Filing

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

Name Chris Cimino

Title CEO

Organization CACR, Labor Education Services

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

Street 1141 West Washington Blvd., #235

City Chicago

State Illinois

ZIP Code + 4 60607

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 / 17

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 Andy Brown

Organization Superior Ambulance

Trade Name, if any

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

Street 2000 Centerwood Dr.

City Warren

State Michigan

ZIP Code + 4 48091

7. Date entered into:

9 / 29 / 2017

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

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 10/21/2017 312-961-2110

Date

Telephone Number

On

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.):

Superior Ambulance retained CACR Labor Education Services to provide education and information about the National Labor Relations Act (NLRA).

Specific Activities to be Performed

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

a. Nature of activity:

John Kemblowski and Miriam Navarro, consultants with CACR Labor Education Services, met with employees at Superior Ambulance to provide information and answer questions about the NLRA.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name John Kemblowski

Organization

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

Street 15819 Lerita Drive

City Huntley

State Illinois

ZIP Code + 4 60142

Additional Name and address through whom performed, if any:

Name Miriam Navarro

Organization Frontline Labor Relations

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

Street 98877 Shapman Ave. D426

City Garden Grove

State California

ZIP Code + 4 92841

12.a. Identify subject groups of employees:

Hourly employees - EMTs and Paramedics.

12.b. Identify subject labor organizations:

United Food and Commerical Workers