

**AMENDED**  
**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.**

1. File Number: C- 00618

**393779**

Person Filing	
<b>2. Name and mailing address (include ZIP Code):</b>  Name <b>Josephine Zamora</b>  Title <b>President</b>  Organization <b>Employee Solutions, Inc.</b>  P.O. Box, Bldg., Room No., if any <b>P.O. Box 67166</b>  Street  City <b>Albuquerque</b>  State <b>New Mexico</b> ZIP Code + 4 <b>87193</b>	<b>3. Any other address where records necessary to verify this report are kept:</b>  Name <b>Josephine Zamora</b>  Title <b>President</b>  Organization <b>Employee Solutions Inc.</b>  P.O. Box, Bldg., Room No., if any  Street <b>5108 Cumberland Pl. NW.</b>  City <b>Albuquerque</b>  State <b>New Mexico</b> ZIP Code + 4 <b>87120</b>
<b>4. Date fiscal year ends:</b>  Dec / 31	<b>5. Type of person:</b> a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
<b>6. Full name and address of employer with whom made (include ZIP Code):</b>  Name <b>Ann Kochanski</b>  Organization <b>Henry Ford Continuing Care</b>  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street <b>1950 Harper</b>  City <b>Harper Woods</b>  State <b>Michigan</b> ZIP Code + 4 <b>48225</b>	<b>7. Date entered into:</b>  7 / 1 / 2006  <b>8. Name of person(s) through whom made:</b>  Name <b>Ann Kochanski</b>  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 *Josephine Zamora* President  
(If other title, see instructions)  
Title President

On 3/29/09 505-681-8100  
Date Telephone Number

14. Signed *Josephine Zamora* Treasurer  
(If other title, see instructions)  
Title Other (Specify)  
President

On 3/29/09 505-681-8100  
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.):

The company was employed on a per hour basis pursuant to an oral contract.

**Specific Activities to be Performed**

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

a. Nature of activity:

Conduct training for employees on their rights under the NLRA. Topics discussed: NLRB election process, collective bargaining, company position on union, company benefits, policies and procedures.

11.b. Period during which performed:

August and September 2006

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name See Attachment A

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

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

All employees eligible to be in a bargaining unit

12.b. Identify subject labor organizations:

SEIU Local 79

**Attachment A -- LM-20 -- Employee Solutions, Inc.**

**11.d. Name and address through who performed**

Permanent Solutions Labor Consultants  
Rick Torres  
19186 Fort Street  
Riverview, MI 48192