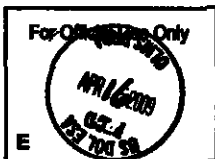


**AMENDED**  
**FORM LM-20**  
**AGREEMENT AND ACTIVITIES REPORT**



This report is mandatory under P.L. 88-257, 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

393773

**Person Filing**

**2. Name and mailing address (Include ZIP Code):**

Name Josephine Zamora

Title President

Organization Employee Solutions, Inc.

P.O. Box, Bldg., Room No., if any P.O. Box 67166

Street

City Albuquerque

State New Mexico

ZIP Code + 4 87193

**3. Any other address where records necessary to verify this report are kept:**

Name Josephine Zamora

Title President

Organization Employee Solutions, Inc.

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

Street 5108 Cumberland Pl. NW

City Albuquerque

State New Mexico

ZIP Code + 4 87120

**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 Jeanne Flores

Organization Cedars-Sinai Health System

Trade Name, if any

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

Street 8700 Beverly Blvd.

City Los Angeles

State California

ZIP Code + 4 90048

**7. Date entered into:**

1 / 2 / 2006

**8. Name of person(s) through whom made:**

Name Jeanne Flores

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

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

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

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:

January 2006 through August 2008

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:

California Nurses Association

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

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

Susannah J Squitieri  
1015 Buckingham  
Grosse Pointe Park, MI 48230

Labor Relations Academy for Management  
Diana Chaimberlain  
105 Golden Eagle Drive  
Venetia, PA 15367

Total Business Solutions, Inc.  
Josephine Zamora  
P.O. Box 67787  
Albuquerque, NM 87193

Jill Cortis  
Paint Creek  
2340 Indianwood Rd.  
Lake Orion, MI 48362

Bienvendido Rabano  
6801 Rook Drive  
Huntington Beach, CA 92647