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. 1215-0188 Expires 11-30-2006



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: **Person Filing** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Roberta Buesching Name Buesching Roberta President Title President Organization Organization About Business, Inc. P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any 12024 W. Cooss Au #106 Street City City ZIP Code + 4 State Colorado ZIP Code + 4 State Colorado 5. Type of person: 4. Date fiscal year ends: S-Partnership c. Corporation d. Other (Specify): Individual b. Dec Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 8. Name of person(s) through whom made Organization Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Name State 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.) President Treasurer 13. Signed (If other title, see (If other title, see instructions) instructions) (Specify) resident President

720-838-7322

Telephone Number

Telephone Number

Filer; Roberta Buesching About Business, Inc.	File Number C-
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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 asfelment	
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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:	11.c. Extent performed:
October 2011	completed ///////
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Roberta Buesching	Name
Organization About Business, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 12024 W Cross Dr. #106	Street
city Littleton	City
State Colorado ZIP Code + 4 80/27	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees eligible to be in a bargaining unit	Service Employee International
	Service Employee International Union (SEIU)
	(SEIO)