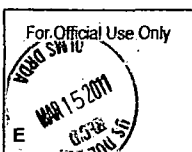


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT



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.

446641

1. File Number:

c-723

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Bill Michaelis
Title	Consultant
Organization	
P.O. Box, Bldg., Room No., if any	
Street	6930 Parsons Trail
City	Tujunga
State	California
ZIP Code + 4	91042
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:	5. Type of person:
Dec / 11	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	Gary Kiff
Organization	Beverly Hospital
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	309 West Beverly Boulevard
City	Montebello
State	California
ZIP Code + 4	90640
7. Date entered into:	
1 / 11 / 2011	
8. Name of person(s) through whom made:	
Name	Lupe Cruz
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

Sole Proprietor

On

02/15/2011

Date

818-399-6725

Telephone Number

14. Signed

Title

Treasurer

On

Date

Telephone Number

Treasurer

(If other title, see instructions)

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.):

Verbal agreement paid hourly plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Held employee meetings to inform them of their section (7) rights and to answer questions pertaining to the union using NLRB documents and union documents for questions and answers.

11.b. Period during which performed:

01/13/2011 to present

11.c. Extent performed:

Held meetings with employees

11.d. Name and address through whom performed:

Name Lupe Cruz

Organization Cruz & Associates, Inc.

P.O. Box, Bldg., Room No., if any P.O. Box 1831

Street

City Upland

State California

ZIP Code + 4 91785

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:

Registered Nurses

12.b. Identify subject labor organizations:

United Nurses Association of California