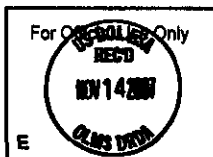


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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- 622 338770

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name <u>John</u> <u>K</u> <u>Henderson</u>	3. Any other address where records necessary to verify this report are kept:
Title <u>Sole Proprietor</u>	Name <u> </u> <u> </u>
Organization <u>Henderson labor Relations</u>	Title <u> </u>
P.O. Box, Bldg., Room No., if any <u> </u>	Organization <u> </u>
Street <u>1242 Berkeley St. #14</u>	P.O. Box, Bldg., Room No., if any <u> </u>
City <u>Santa Monica</u>	Street <u> </u>
State <u>California</u> ZIP Code + 4 <u>90404</u>	City <u> </u>
4. Date fiscal year ends: <u>Dec</u> / <u>7</u>	5. Type of person:
	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): <u>DBA</u>

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name <u>David</u> <u>Banelli</u>	7. Date entered into: <u>10</u> / <u>4</u> / <u>2007</u>
Organization <u>American Medical Response, Inc.</u>	8. Name of person(s) through whom made:
Trade Name, if any <u> </u>	Name <u>David</u> <u>Banelli</u>
P.O. Box, Bldg., Room No., if any <u> </u>	Name <u> </u>
Street <u>6200 South Syracuse Way #200</u>	Name <u> </u>
City <u>Greenwood Village</u>	Name <u> </u>
State <u>Colorado</u> ZIP Code + 4 <u>80111</u>	Name <u> </u>

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 <u>[Signature]</u>	President (If other title, see instructions)	14. Signed <u> </u>	Treasurer (If other title, see instructions)
Title <u>Sole Proprietor</u>		Title <u>Treasurer</u>	
On <u>10/26/2007</u>	<u>310-463-3554</u>	On <u> </u>	<u> </u>
Date	Telephone Number	Date	Telephone Number

Filer: John Henderson Henderson labor Relations	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.):

Paid by the hour plus expenses reimbursed.

Specific Activities to be Performed

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

a. Nature of activity:

Meetings with employees to attempt to persuade them to vote no.

11.b. Period during which performed: <div style="border: 1px solid black; padding: 2px;">October 2007</div>	11.c. Extent performed: <div style="border: 1px solid black; padding: 2px;">Completed</div>
11.d. Name and address through whom performed: Name <div style="border: 1px solid black; padding: 2px;">John</div> <div style="border: 1px solid black; padding: 2px;">K</div> <div style="border: 1px solid black; padding: 2px;">Henderson</div> Organization <div style="border: 1px solid black; padding: 2px;">Henderson Labor Relations</div> P.O. Box, Bldg., Room No., if any <div style="border: 1px solid black; padding: 2px;"></div> Street <div style="border: 1px solid black; padding: 2px;">1242 Berkeley St. #14</div> City <div style="border: 1px solid black; padding: 2px;">Santa Monica</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">90404</div>	Additional Name and address through whom performed, if any: Name <div style="border: 1px solid black; padding: 2px;">Adriana</div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;">Ortiz</div> Organization <div style="border: 1px solid black; padding: 2px;"></div> P.O. Box, Bldg., Room No., if any <div style="border: 1px solid black; padding: 2px;"></div> Street <div style="border: 1px solid black; padding: 2px;">1242 Berkeley St. #14</div> City <div style="border: 1px solid black; padding: 2px;">Santa Monica</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;"></div>

12.a. Identify subject groups of employees: <div style="border: 1px solid black; padding: 5px; min-height: 100px;"><p>Drivers, ME Drivers, Wheel chair Drivers, EMT's and Paramedics employed in West Florida.</p></div>	12.b. Identify subject labor organizations: <div style="border: 1px solid black; padding: 5px; min-height: 100px;"><p>National Emergency Medical Services Association</p></div>
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