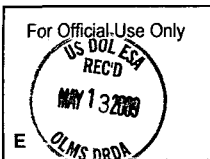


# FORM LM-20

## 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- **660 395737**

Person Filing	
2. Name and mailing address (include ZIP Code):  Name <b>Josephine Zamora</b>  Title <b>President</b>  Organization <b>Total Business Solutions, Inc.</b>  P.O. Box, Bldg., Room No., if any <b>P.O. Box 67787</b>  Street  City <b>Albuquerque</b>  State <b>New Mexico</b> ZIP Code + 4 <b>87193</b>	3. Any other address where records necessary to verify this report are kept:  Name <b>Josephine Zamora</b>  Title <b>President</b>  Organization <b>Total Business 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>
4. Date fiscal year ends:  Dec / 31	5. Type of person:  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	
6. Full name and address of employer with whom made (include ZIP Code):  Name <b>Josephine Zamora</b>  Organization <b>Employee Solutions, Inc. (for St. Agnes)</b>  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street <b>P.O. Box 67166</b>  City <b>Albuquerque</b>  State <b>New Mexico</b> ZIP Code + 4 <b>87193</b>	7. Date entered into: <b>4 / 1 / 2007</b>  8. Name of person(s) through whom made:  Name <b>Josephine Zamora</b>  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 5/5/09 505-681-8100  
Date Telephone Number

14. Signed *Josephine Zamora* President  
(If other title, see instructions)  
  
Title Other (Specify)  
President  
  
On 5/5/09 505-681-8100  
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. Informing employees of the right to organize or the right not to do so. Ensuring that employees are aware of the voting process and exercise their choice at a secret ballot election held by the National Labor Relations Board  
Informing employees of the right to choose their own representatives for the purpose of collective bargaining

11.b. Period during which performed:

April 2007 through July 2007

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:

CNA

**Attachment A – LM-20 – Total Business Solutions, Inc.**

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

About Business Inc.  
Roberta Buesching  
6483 Xenophon St.  
Littleton, CO 80127