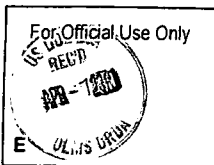


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

427308

1. File Number: C- 00367

Person Filing

2. Name and mailing address (include ZIP Code):

Name BOB LONG

Title president

Organization AMERICAN CONSULTING GROUP

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

Street 23361 MADRID ST. 220

City MISSION VIEJO CA

State CA

ZIP Code + 4 92677

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:

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 COMMUNITY MEDICAL CENTERS

Organization Ginny Burdick

Trade Name, if any

P.O. Box, Bldg., Room No., if any 2

Street 2440 TWIGG, SUITE 400

City FRESNO

State CA

ZIP Code + 4 93721

7. Date entered into:

08 / 1 / 2007

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

Name Ginny Burdick

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

Robert Long

Title President

President
(If other title, see
instructions)

14. Signed

[Signature]

Title Treasurer

Treasurer
(If other title, see
instructions)

On

10/1/07

Date

(949) 452-1840

Telephone Number

On

10/1/07

Date

(949) 452-1840

Telephone Number

Filer: The American Consulting Group, Inc.

File Number C- 00367

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.):

Employed on a per diem basis during the fiscal year by the employer listed in No. 5 above.
There is no written formal agreement, so none is included.

Specific Activities to be Performed

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

a. Nature of activity:

Determine and address the issues; advise client on their legal rights and obligations so they don't violate the Act; research publications for information regarding the union; draft campaign literature for client's approval; meet with employees to provide information only when management is unable to do so.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Bob Long, EPICK BECKER, JUST AGROS,
Elizabeth Hernandez, Ricardo Paralaguera

Organization

AMERICA Consulting Group

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

Street Address same as #1 above

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:

- clerical, and non-professional
employees

12.b. Identify subject labor organizations:

United Health Care Workers
SEIU