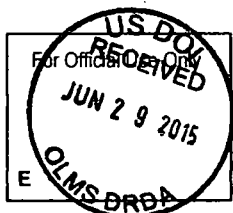


FORM LM-20

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.

594884

1. File Number: C- 66020

Person Filing

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

Name EVELYN D FRAGOSO
Title OWNER
Organization QUALITY LABOR SOLUTIONS
P.O. Box, Bldg., Room No., if any _____
Street 2700 COURTLEIGH DR
City BAKERSFIELD
State California ☒ ZIP Code + 4 93309

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:

Jan ☒ / 15

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 BETSY DONOVAN
Organization ESKATOON
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 5105 MANZANITA AVE
City CARMICHAEL
State California ☒ ZIP Code + 4 95608

7. Date entered into:

1 / 19 / 15

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

Name _____
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

President
(If other title, see
instructions)

Title President

14. Signed

Title ☒

Treasurer
(If other title, see
instructions)

On 6/10/15

Date

31.729.6773

Telephone Number

On

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.):

HOLD EMPLOYEE MEETINGS, ACT TRANING, TO INFORM EMPLOYEES OF THIER SECTION (7) RIGHTS. ANSWER ANY QUESTIONS.

Specific Activities to be Performed

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

a. Nature of activity:

SMALL GROUP MEETINGS, ANSWERING QUESTIONS

11.b. Period during which performed:

VARIOUS DAYS BEGINNING 1.19.15

11.c. Extent performed:

11.d. Name and address through whom performed:

Name PHILLIP WILSON

Organization L.R.I

P.O. Box, Bldg., Room No., if any PO BOX 1529

Street 7850 SOUTH ELM PLACE

City BROKEN ARROW

State Oklahoma ZIP Code + 4 74013

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:

CNA, RNA, HOUSEKEEPING, MAINTENANCE, DIETARY, LAUNDRY, ACTIVITES, SOCIAL SERVICES ASSISTANT, MEDICAL RECORDS AND RECEPTIONISTS

12.b. Identify subject labor organizations:

SEIU UNITED LONG TERM CARE WORKERS