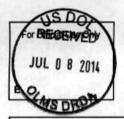
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013



C- 00755

1. File Number:

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.

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Robert Long	Name
Title President	Title
Organization Healthcare Labor Solutions	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 27762 Antonio Parkway L1-645	Street
City Ladera Ranch	City
State California ZIP Code + 4 92694	State ZIP Code + 4
4. Date fiscal year ends: Dec / 31 5. Type of person: a. Individual b. Partnersh	nip c. Corporation d. Other (Specify):
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Susan Donker	7. Date entered into: 5 / 23 / 2014
	Name of person(s) through whom made:
Organization Sutter Health	
Trade Name, if any	Name Robert Long
P.O. Box, Bldg., Room No., if any	Name
Street 1200 Scenic Drive, Suite 200	Name
City Modesto	Name
State California ZIP Code + 4 95350	Name
Sig	gnatures
Each of the undersigned declares, under penalty of perjury and other applicate the information contained in any accompanying documents) has been examing true, correct, and complete (See Section Mon penalties in the instructions.) 13. Signed President (If other title, see instructions)	ble penalties of law, that aft of the information submitted in this report (including need by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions)
On 06/27/2014 877-424-9799	0.05/27/2014 077 404 0700
On 06/27/2014 877-424-9799 Date Telephone Number	On 06/27/2014 877-424-9799 Date Telephone Number
	Date respirate runner

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 organic collectively through representatives of their own choosing.	ze and bargain
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil	dispute involving judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):	

All services described in Section 11a below shall be performed on an hourly fee basis. Expesnes in connection with the performance of such services as travel, accomodations, copies, telephone, etc. will be reimbursed to Healthcare Labor Solutions at actual cost.

Specific Activities to be Performed

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

Healthcare Labor Solutions has been retained to assist the employer named above in communications with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in written communications and in conducting meetings with employees during this period.

11.b. Period during which performed: 06/09/2014	11.c. Extent performed: 06/27/2014
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Jessica Salas	Name
Organization Healthcare Labor Solutions	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 27762 Antonio Parkway L1-645	Street
City Ladera Ranch	City
State California ZIP Code + 4 92694	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Registered Nurses	California Nurses Association

Form LM-20 (2003)