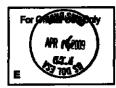
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## AMENDED

## **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 penelties as provided by 29 U.S.C. 459 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.

Name Josephine Zamora  Title President  Organization Employee Solutions, Inc.  P.O. Box, Bidg., Room No., If any p.O. Box 67166  Street  City Albuquerque State New Mexico  ZIP Code+4 87193  4. Date flecal year ends:  Dec / 31  Nature of Agreement or Arrangement  8. Full name and address of employer with whom made (Include ZIP Code):  Name Anita  Lechner Bosch  Organization Trinity Health - St. Agnes  Trade Name, If any  P.O. Box, Bidg., Room No., If any	3. Any other address where records necessary to verify this report are kept:  Name Josephine Zamora  Title President  Organization Employee Solutions, Inc.  P.O. Box, Skig., Room No., if any  Street 5108 Cumberland Pl. NW.  City Albuquerque  State New Mexico ZiP Code + 4 87120  c. X Composition d. Other (Specify):	
2. Name and mailing address (include ZIP Code):  Name Josephine Zamora  Title President  Organization Employee Solutions, Inc.  P.O. Box, Bidg., Room No., If any P.O. Box 67166  Street  City Albuquerque  State New Mexico ZIP Code + 4 87193  4. Date fiscal year ends:  Dec / 31 S. Type of person:  a Individual b. Partnership of the complex of the comp	Name Josephine Zamora  Title President  Organization Employee Solutions, Inc.  P.O. Box, Skig., Room No., if any  Street 5108 Cumberland Pl. NW.  City Albuquerque  State New Mexico ZIP Code + 4 87120	
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State New Mexico  ZiP Code + 4 87193  4. Date fiscal year ends:  Dec / 31  State New Mexico  5. Type of person:  a individual b Parlmership of the person of Agreement or Arrangement  8. Full name and address of employer with whom made (include ZiP Code):  Name Anita Lechner Bosch  Organization Trinity Health - St. Agnes  Trade Name, if any  P.O. Box, Bidg., Room No., if any	City Albuquerque State New Mexico ZIP Code + 4 87120	
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Name Anita Lechner Bosch  Organization Trinity Health — St. Agnes  Trade Name, Wany  P.O. Box, Bldg., Room No., Wany	7 Pate extend late	
Organization Trinity Realth — St. Agnes Trade Name, If any P.O. Box, Bidg., Room No., if any	7. Date entered into:	
P.O. Box, Bidg., Room No., if any	8. Name of person(s) through whom made:	
P.O. Bux, Buy., recom reg., # arry	Name Anita Lechner Bosch	
Street 27870 Cabot Drive	Name	
	Name	
Cky Novi	Neme	
State Michigan ZIP Code + 4 48377	Name	
Signatures		
Each of the undersigned declares, under pensity of perjury and other applicable pensities 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 pensities in the instructions.)		
13. Signed Will Mill President (If other title, see	14. Signed Tressurer (If other file, see instructions)	
Title President	Other (Specify)  President	
On 3/29/09 505-681-8100	on 3/29/09 505-681-8100	
' Dafe Telephone Number	¹ Datel Telephone Number	

Filer Josephine Zamora Employee Solutions, Inc.	File Number C- 00618	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
8. Crista use appropriate box to indicate writings an object of the activities unboured, is unounly of indicate;		
a. To persuede 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.		
The company was employed on a per hour basis pursuant to an oral contract.		
the company and employed on a ber mont pasts baracaut to an orar countries.		
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 MLRA. Topics discussed: MLRB election process, collective bargaining, company position on union, company benefits, policies and procedures.		
44 h. Badad dudan uhish padamadı	11.c. Extent performed:	
11.b. Period during which performed: April 2007 - November 2008	Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name See Attachment A	Name	
Completely and the second seco	Occasionation	
Organization	Organization	
P.O. Box, Bidg., Room No., if any	P.O. Box, Bidg., Room No., if any	
Street	Street	
City	City	
Starte ZIP Code + 4	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All employees eligible to be in a bargaining unit	California Murses Association	

## Attachment A - LM-20 - Employee Solutions, Inc.

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

Total Business Solutions, Inc. Josephine Zamora P.O. Box 67787 Albuquerque, NM 87193

Bienvendido Rabano 6801 Rook Drive Huntington Beach, CA 92647

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