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 08-31-2016



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.

DRDA			
1. File Number: C- 66020			
Person Filling			
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name EVELYN D FRAGOSO	Name		
Title OWNER	Title		
Organization QUALITY LABOR SOLUTIONS	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 2700 COURTLEIGH DR	Street		
City BAKERSFIELD	City		
State California ▼ ZIP Code + 4 93309	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:	1		
Jan 🔻 / 14 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):	7. Date entered into:		
Name			
Organization COLLEGE HOSPITAL COSTA MESA	8. Name of person(s) through whom made:		
Trade Name, if any	Name		
P.O. Box, Bldg., Room No., if any	Name		
Street 301 VICTORIA STREET	Name		
City COSTA MESA	Name		
State California ▼ ZIP Code + 4 92627	Name		
Signatures			
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examine true, correct, and complete. (See Section VII on penalties in the instructions.)	e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief,		
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see		
Title President instructions)	Title Treasurer instructions)		
On 12/1/14 310.729.6773	On		
Date Telephone Number	Date Telephone Number		

iler: EVELYN FRAGOSO QUALITY LABOR SOLUTIONS		File Number C- 66020	
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.):			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: COMMUNICATE WITH EMPLOYEES INFORMATION IN ORDER TO MAKE AN INFORMED DECISION REGARDING ORGANIZING AND COLLECTIVE BARGANING			
11.b. Period during which performed:	11.c. Extent performed:		
1/25/2013	COMPLETED		
11.d. Name and address through whom performed:	Additional Name and address	ss through whom performed, if any:	
Name	Name		
Organization PACIFIC LABOR SOLUTIONS	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No.,	if any	
Street 8086 SOUTH YALE AVE SUITE 225	Street		
City TULSA	City		
State Oklahoma ZIP Code + 4 74136	State	ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor	organizations:	
ALL EMPLOYEES ELIGIBLE TO VOTE IN THE BARGAINING UNIT	SEIU		