

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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

For Official Use Only



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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.

457 ~~155~~ 748

1. File Number:

c- 673

Person Filing

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

Name Roberta Buesching
Title President
Organization About Business, INC
P.O. Box, Bldg., Room No., if any
Street 6483 S. Xenophon St
City Littleton
State colorado ZIP Code + 4 80127

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:

12/31/

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 Josephine Zamora
Organization Employees Solution Inc.
Trade Name, if any (for St. Agnes)
P.O. Box, Bldg., Room No., if any 67166
Street 5108 Cumberland Place, NW.
City Albany
State New Mexico ZIP Code + 4 87210

7. Date entered into:

4 / 1 / 2007

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

Name Josephine Zamora
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

Roberta Buesching

President
(If other title, see instructions)

Title

President

14. Signed

Treasurer
(If other title, see instructions)

Title

d

On

3/31/11
Date

720-838-7322
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.):

The company was employed on a per hour basis pursuant to an oral agreement.

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 NLRB. Topics discussed, NLRB process, selective bargaining, company position on union, company benefits, policies and procedures.	
11.b. Period during which performed: 4/2007 - 11/2008	11.c. Extent performed: completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Roberta Buesching	Name NA
Organization About	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street	Street
City	City
State <input type="text"/> ZIP Code + 4	State <input type="text"/> ZIP Code + 4
12.a. Identify subject groups of employees: All employees eligible to be in a bargaining unit.	12.b. Identify subject labor organizations: California Nurses Associations