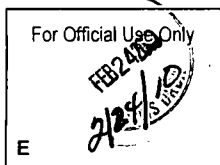


FORM LM-20

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.

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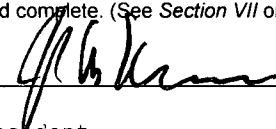

1. File Number: C- 00527

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name JOHN M HERMANN	Name NONE
Title CEO	Title
Organization LABOR RELATIONS SERVICES, INC	Organization
P.O. Box, Bldg., Room No., if any SUITE 100	P.O. Box, Bldg., Room No., if any
Street 24 CORPORATE PLAZA	Street
City NEWPORT BEACH	City
State California ZIP Code + 4 92660	State ZIP Code + 4
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 10 / 3 / 2009
Name Kevin Sanders	8. Name of person(s) through whom made:
Organization Superior Mobile Medics, Inc.	Name
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any Suite 250	Name
Street 3838 Camino Del Rio North	Name
City San Diego	Name
State California ZIP Code + 4 92108	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)	14. Signed 	Treasurer (If other title, see instructions)
Title President		Title Treasurer	
On 2/16/2010	949-719-1962	On 2/16/2010	949-719-1962
Date	Telephone Number	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.):

All services described in Section 11a., below shall be performed on an hourly fee basis at a rate of \$375.00 to \$475.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, ect., will be reimbursed to Labor Relations Services, Inc., 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:

Labor Relations Services, Inc., has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during the period immediately prior to the conduct of a representation election.

11.b. Period during which performed:

Anticipation of N.L.R.B. Election

11.c. Extent performed:

None as of this date

11.d. Name and address through whom performed:

Name John M Hermann

Organization Labor Relations Services, Inc.

P.O. Box, Bldg., Room No., if any Suite 100

Street 24 Corporate Plaza

City Newport Beach

State California ZIP Code + 4 92660

Additional Name and address through whom performed, if any:

Name Robert Long

Organization Labor Relations Services, Inc.

P.O. Box, Bldg., Room No., if any Suite 100

Street 24 Corporate Plaza

City Newport Beach

State California ZIP Code + 4 92660

12.a. Identify subject groups of employees:

All part-time and full-time employees as agreed to between the parties.

12.b. Identify subject labor organizations:

Unknown