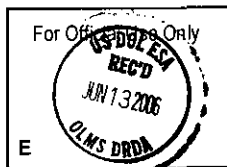


# FORM LM-20

## 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 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.

1. File Number: C- 618

Person Filing	
2. Name and mailing address (include ZIP Code):  Name Josephine Zamora  Title President  Organization Employee Solutions, Inc.  P.O. Box, Bldg., Room No., if any P.O. Box 67166  Street  City Albuquerque  State New Mexico ZIP Code + 4 87193	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:  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):  Name  Organization Tendercare of Frankenmuth  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 500 W. Genesee  City Frankenmuth  State Michigan ZIP Code + 4 48734	7. Date entered into: 1 / 2 / 2006  8. Name of person(s) through whom made:  Name Don Larson  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 Josephine Zamora President  
(If other title, see instructions)  
Title President

On 4/27/06 505-681-8100  
Date Telephone Number

14. Signed Josephine Zamora Treasurer  
(If other title, see instructions)  
Title Other (Specify)  
President

On 4/27/06 505-681-8100  
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.):

No formal contract, hourly fee negotiated.

#### 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 NLRA. Informing employees of the right to organize or the right not to do so. Ensuring that employees are aware of the voting process and exercise their choice at a secret ballot election held by the National Labor Relations Board  
Informing employees of the right to choose their own representatives for the purpose of collective bar

11.b. Period during which performed:

January 2006

11.c. Extent performed:

Project Completed

11.d. Name and address through whom performed:

Name See Attachment A

Organization

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

Street

City

State ZIP Code + 4

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

All eligible voters at Tendercare of Frankenmuth in Frankenmuth, Michigan.

12.b. Identify subject labor organizations:

SEIU (Service Employees International Union)

**Attachment A – LM-20 – Employee Solutions, Inc.**

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

Jose Salgado Jr. Inc.  
P.O. Box 75806  
Tampa, FL 33675