

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.

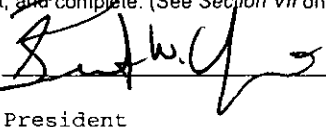
1. File Number: C-616

Person Filing	
2. Name and mailing address (include ZIP Code): Name Brent W Yessin Title President Organization Yessin & Associates P.O. Box, Bldg., Room No., if any P.O. Box 8814 Street City Longboat Key State Florida ZIP Code + 4 34228	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 Les Abercrombie Organization Desert Springs Hospital Trade Name, if any P.O. Box, Bldg., Room No., if any Street 2075 East FLamingo Road City Las Vegas State Nevada ZIP Code + 4 89119	7. Date entered into: 4 / 15 / 2006 8. Name of person(s) through whom made: Name Name 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  Title President	President (If other title, see instructions)	14. Signed _____ Title _____	Treasurer (If other title, see instructions)
On _____ Date	Telephone Number _____	On _____ Date	Telephone Number _____

Filer: Brent Yessin Yessin & Associates	File Number C-
----------------------------------------------	----------------

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.):

Employee Advocates will have various consultants working at \$100.00 per hour, for training and education of the workforce by various consultants, including registered nurses, human resource professionals, attorneys or former union officials, as needed and requested by the client.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
To educate Desert Springs Hospital registered nurses about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so. To enhance the business literacy of the workforce and encourage employees to be informed and to vote.	
11.b. Period during which performed: 4/15/06-5/15/06	11.c. Extent performed: Completed by 5/15/06
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Brent Yessin	Name Nora Boczar
Organization Employee Advocates	Organization Employee Advocates
P.O. Box, Bldg., Room No., if any P.O. Box 8814	P.O. Box, Bldg., Room No., if any P.O. Box 8814
Street	Street
City Longboat Key	City Longboat Key
State Florida ZIP Code + 4 34228	State Florida ZIP Code + 4 34228
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Registered Nurses at Desert Springs Hospital Technical Employees	SEIU Local 1107

Filer: Brent Yessin Yessin & Associates	File Number C-
----------------------------------------------	----------------

Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>To educate Desert Springs Hospital registered nurses about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so. To enhance the business literacy of the workforce and encourage employees to be informed and to vote.</p>	
<p>11.b. Period during which performed:</p> <p>4/15/06-5/15/06</p>	<p>11.c. Extent performed:</p> <p>Completed by 5/15/06</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Jim Strong</p> <p>Organization Employee Advocates</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 8814</p> <p>Street</p> <p>City Longboat Key</p> <p>State Florida ZIP Code + 4 34228</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Jose Salgado</p> <p>Organization Employee Advocates</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 8814</p> <p>Street</p> <p>City Longboat Key</p> <p>State Florida ZIP Code + 4 34228</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>Registered Nurses at Desert Springs Hospital</p>	<p>12.b. Identify subject labor organizations:</p> <p>SEIU Local 1107</p>