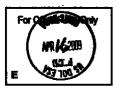
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

,

AMENDED FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

3. Any other address where records necessary to verify this report are kept:



C- 00618

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

1. File Number:

Person Filing

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, tines, 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.

Name Josephine 2	Samora	Name Josephine Zamora	
Title President		Title President	
Organization Employee Solutions, Inc.		Organization Employee Solutions, Inc.	
P.O. Box, Bidg., Room No., if any P.O. Box 67166		P.O. Box, Bidg., Room No., if any	
Street		Street 5108 Cumberland Pl. NW.	
City Albuquerque		City Albuquerque	
State New Mexico	ZIP Code + 4 87193	State New Mexico ZIP Code + 4 87120	
4. Date fiscal year ends:	5. Type of person:		
Dec / 31	a. Individual b. Parinership	c. Carporation d. Other (Specify):	
Nature of Agreement or Arrangement			
6. Full name and address of employer wi	•	7. Date entered into: 10 / 1 / 2007	
Name Joe Miceli		8. Name of person(s) through whom made:	
Organization Redding Care Center			
Trade Name, if any		Name Joe Miceli	
P.O. Box, Bldg., Room No., if any		Name	
Street 2490 Court Street		Name	
City Redding		Name	
State California	ZIP Code + 4 96001	Name	
Signatures			
Each of the undersigned declares, under penalty of parjury 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 Juffur	(If other title, see instructions)	14. Signed Tapful W Westurer (If other title, see instructions)	
Title President		Title Other (Specify) President	
on 3/29/09 505	5-681-8100	on 3/29/04 505-681-8100	
` Date	Telephone Number	Daté Telephone Number	
Form LM-20 (2003)		Page 1 of 2	

Flor: Josephine Samora Employee Solutions, Inc.	File Number C- 00618			
Check the appropriate box to indicate whether an object of the activities under	delen is directly or indirectly			
a. To persuade employees to exercise or not to exercise, or persuade er collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain			
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a lebor 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 contract.				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instruc	tions):			
a. Nature of activity:				
Conduct training for employees on their rights under the NLRA. Topics discussed: NLRB election process, collective bargaining, company position on union, company benefits, policies and procedures.				
11.b. Period during which performed:	11.c. Extent performed: Completed			
October 2007, May and June 2008 11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name See Attachment A	Name			
Organization	Organization			
P.O. Box, Bidg., Room No., if any	P.O. Box, Bidg., Room No., if any			
Street	Street			
City	City			
State ZIP Code + 4	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All employees eligible to be in a bargaining unit	SEIU			

g À

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

11.d. Name and address through who performed

Versala Parish 28920 Cullen Dr. Romulus, MI 48174

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

Jackie O'Brien PO Box 306 Stonington, CT 06378

Ernesto Zuniga 7037 Lanto Street Commerce, CA 90040