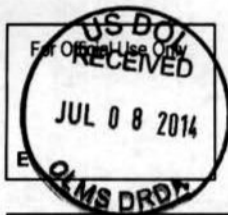


FORM LM-20

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)

559140
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00755

Person Filing

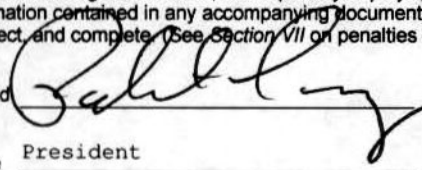
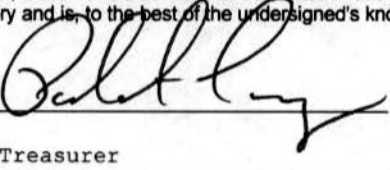
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name	Robert Long	Name	
Title	President	Title	
Organization	Healthcare Labor Solutions	Organization	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street	27762 Antonio Parkway L1-645	Street	
City	Ladera Ranch	City	
State	California	State	
	ZIP Code + 4 92694		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: 5 / 23 / 2014	
Name	Susan Donker	8. Name of person(s) through whom made:	
Organization	Sutter Health	Name	Robert Long
Trade Name, if any		Name	
P.O. Box, Bldg., Room No., if any		Name	
Street	1200 Scenic Drive, Suite 200	Name	
City	Modesto	Name	
State	California		
	ZIP Code + 4 95350		

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	06/27/2014	On	06/27/2014
	Date		Date
	877-424-9799		877-424-9799
	Telephone Number		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. Expenses in connection with the performance of such services as travel, accommodations, copies, telephone, etc. will be reimbursed to Healthcare Labor Solutions 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:

Healthcare Labor Solutions has been retained to assist the employer named above in communications with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in written communications and in conducting meetings with employees during this period.

11.b. Period during which performed:

06/05/2014

11.c. Extent performed:

06/06/2014

11.d. Name and address through whom performed:

Name Pat O'Mara

Organization LRI Consulting Services

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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:

Registered Nurses

12.b. Identify subject labor organizations:

California Nurses Association