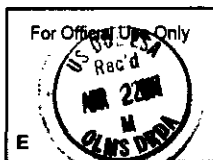


FORM LM-20

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-

622 327 011

Person Filing

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

Name John K Henderson

Title Sole Proprietor

Organization Henderson labor Relations

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

Street 1242 Berkeley St. #14

City Santa Monica

State California

ZIP Code + 4 90404

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

/

7

5. Type of person:

a. Individual b. Partnership c. Corporation c. ☒ Other (Specify): DBA

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name David Banelli

Organization American Medical Response, Inc.

Trade Name, if any

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

Street 6200 South Syracuse Way #200

City Greenwood Village

State California

ZIP Code + 4 80111

7. Date entered into:

2 / 19 / 2007

8. Name of person(s) through whom made:

Name David Banelli

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 Sole Proprietor

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 3/21/2007

Date

310-463-3554

Telephone Number

On

Date

Telephone Number

Filer: John Henderson Henderson labor Relations	File Number C-
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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.):

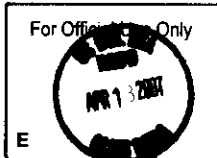
Paid by the hour plus expenses reimbursed.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: Meetings with employees to attempt to persuade them to vote no.	
11.b. Period during which performed: February through March 2007	11.c. Extent performed: Completed
11.d. Name and address through whom performed: Name John K Henderson Organization Henderson Labor Relations P.O. Box, Bldg., Room No., if any Street 1242 Berkeley St. #14 City Santa Monica State California ZIP Code + 4 90404	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: EMT's and Paramedics employed in San Diego, CA	12.b. Identify subject labor organizations: National Emergency Medical Services Association

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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-622

Person Filing

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

Name John K Henderson

Title Sole Proprietor

Organization Henderson labor Relations

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

Street 1242 Berkeley St. #14

City Santa Monica

State California ZIP Code + 4 90404

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 7 07

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): DBA

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name David Banelli

Organization American Medical Response, Inc.

Trade Name, if any

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

Street

City

State ZIP Code + 4

7. Date entered into:

3 / 12 / 2007

8. Name of person(s) through whom made:

Name David Banelli

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

President
(If other title, see
instructions)

14. Signed

Treasurer
(If other title, see
instructions)

Title Sole Proprietor

Title Treasurer

On 4-3-07

Date

310-463-3554

Telephone Number

On

Date

Telephone Number