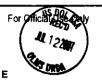
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

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



1. File Number:

Person Filing

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disc osure Act of 1959, as amended. (LMRDA)

Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name James Frazier 3104 Holden Cir Matteson, ILL60443 Title Organization Self Employer	Name Title
Organization Self Crapting Eg	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 3104 Holden Civele	Street
city Matteson	City
State IL 60443 ZIP Code + 4	State ZIP Code + 4
Date fiscal year ends:     5. Type of person:	
17-107 a.⊠Individual b.⊡Partnership	c. Corporation d Other (Specify):
<u> </u>	
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 6/8 /67
Name Sainia Healthsystems	
Organization AcalTh Care	Name of person(s) through whom made:
Trade Name, if any Hospita /	Name James Evosan
P.O. Box, Bldg., Room No., if any	Name Offen Chanking
Street 15th + Culifornia	Name
City Chicago	Name
State IL 6 do 8 ZIP Code + 4	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   14. Signed   Treasurer (If other title, see   (If other	
Title President (If other title, see instructions)	Title Treasurer (If other title, see instructions)
On <u>6/13/07</u>	On

Filer: - Sames Frazier	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.):		
\$ 40.00Hr Plus de Can BONUG MONTHINENT DN WIN		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
# 40.00Hr Plus eff 500. BONUS CONTINENT ON WIN Lunckes 10" perdex & milkage		
Specific Activities to be Performed  11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
N/A		
11.b. Period during which performed:	11.c. Extent performed:	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Mt Salniu Health System	Name	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 15th California	Street	
City Chicago	City	
State IL Sign ZIP Code + 4 60608	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Registered Nurses	CNA/NNOC	
	/	