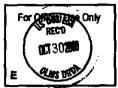
U.S. Department of Labor Office of Labor-Management **Standards** Washington, DC 20210

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

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



C- 00618

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 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.

2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:		
Name Josephine	Zamora	Name		
Title President	· • • • • • • • • • • • • • • • • • • •	Title ·		
Organization Employee Solutions, Inc.		Organization		
P.O. Box, Bidg., Room No., if any p.O. Box 67166		P.O. Box, Bidg., Room No., if any		
Street		Street		
City Albuquerque		City		
State New Mexico	ZIP Code + 4 87193	State ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:			
Dec / 31 a. Individual b. Partnership c. Corporation d. Other (Specify):				
· · · · · · · · · · · · · · · · · · ·				
Nature of Agreement or Arrangemen	t			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:		
Name Eduardo Aguinaga		<del></del>		
Organization Windsor Gardens Convalescent Hospital		8. Name of person(s) through whom made:		
Trade Name, if any		Name Eduardo Aguinaga		
P.O. Box, Bidg., Room No., if any		Name		
Street 915 S. Crenshaw Blvd.	<del>-</del>	Name		
City Los Angeles		Name		
State California	ZIP Code + 4 90019	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 in, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)				
13. Signed brophes Title resident	President (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)		
		President		
On 9/18/08 50	5-296-1600	On 9/18/08 505-296-1600		
, Ďate	Telephone Number	15ate Telephone Number		
Form LM-20 (2003)		Dec. 4 - 40		

Filer: Josephine Zamora Employee Solutions, Inc.		File Number C- 00618		
O Check the engage rists how to indicate whether an object of the activities under	foliop is dispath, or indirectly			
<ol><li>Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:</li></ol>				
a. To persuade employees to exercise or not to exercise, or persuade employees as to the mariner 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 arb trail proceeding or a criminal or civil judicial proceeding.				
10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached \			
Company was employed on a per hour basis with no formal written agreement.				
	-			
	<u>u</u> .e			
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
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:			
April/May 2008	On-going			
11.d. Name and address through whom performed:	Additional Name and address	s through whom performed, if any:		
Name See Attachment A	Name			
Organization	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Roc m 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 of	organizations:		
All eligible employees	SEIU			



## 11.d. Name and address through who performed

E. Zuniga 7037 Lanto Street

