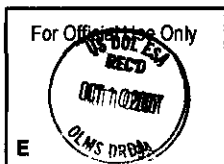


# FORM LM-20

## 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- 00618

338618

### Person Filing

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

Name Josephine Zamora

Title President

Organization Employee Solutions, Inc.

P.O. Box, Bldg., Room No., if any P.O. Box 67166

Street

City Albuquerque

State New Mexico

ZIP Code + 4 87193

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

31

5. Type of person:

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

### Nature of Agreement or Arrangement

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

Name Anita Lechner Bosch

Organization Trinity Health

Trade Name, if any

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

Street 27870 Cabot Drive

City Novi

State Michigan

ZIP Code + 4 48377

7. Date entered into:

2/20/1/2007

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

Name Anita Lechner Bosch

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

*Josephine Zamora*

President  
(If other title, see  
instructions)

Title President

14. Signed

*Josephine Zamora*

Treasurer  
(If other title, see  
instructions)

Title Other (Specify)

President

On 9/28/2007

Date

505-296-1600

Telephone Number

On 9/28/2007

Date

505-296-1600

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.):

Company was employed on a per hour basis with no formal written agreement.

#### 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:

On-going

11.c. Extent performed:

On-going

11.d. Name and address through whom performed:

Name See Attachment A

Organization

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

Street

City

State ZIP Code + 4

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:

All eligible employees

12.b. Identify subject labor organizations:

California Nurses Association

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

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

Employee Solutions, Inc.  
P.O. Box 67166  
Albuquerque, NM 87193

Bienvenido Rabano  
6801 Rook Drive  
Huntington Beach, CA 92647