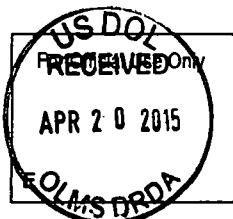


FORM LM-20

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)

591082

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 673

Person Filing

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

Name Roberta Buesching
Title
Organization About Business, INC.
P.O. Box, Bldg., Room No., if any
Street 6483 S. Xenophon St.
City Littleton
State Colorado ZIP Code + 4 80127

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:

12 / 15

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 Debbie Ortega, VP Human Resources
Organization Huntington Hospital
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 100 W. California Blvd.
City Pasadena
State California ZIP Code + 4 91105

7. Date entered into:

4 / 15 / 2015

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

Name Debbie Ortega
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

Roberta Buesching

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

4/15/2015
Date

Telephone Number

720-838-7322

On

Date

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.):

About Business, Inc. was employed on a per hour basis pursuant to a oral 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 thier rights under the NLRA. Topics discussed: NLRB election process, collective bargaining, Company position on union, Company benefits

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Roberta Buesching
 Organization About Business, INC.
 P.O. Box, Bldg., Room No., if any
 Street 6483 S. Xenophon St.
 City Littleton
 State Colorado ZIP Code + 4 80127

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 employees eligible to be in a bargaining unit

12.b. Identify subject labor organizations:

CNA