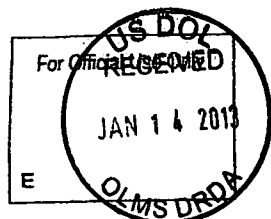


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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- 547

509828

Person Filing	
2. Name and mailing address (include ZIP Code): Name Employee Relations Services Int'l Title Organization P.O. Box, Bldg., Room No., if any Street P O Box 18122 City Anaheim Hills, CA State 92817-9998 ZIP Code + 4	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 / 31	5. Type of person: a <input type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input checked="" type="checkbox"/> Corporation d <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Marcie Atchison Organization Trade Name, if any Telcare Corporation P.O. Box, Bldg., Room No., if any Street 1080 Marina Village Parkway #100 City Alameda, CA State 94501 ZIP Code + 4	7. Date entered into: 12 / 29 2011 8. Name of person(s) through whom made: Name 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 [Signature] President
(If other title, see instructions)
Title President

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 3/31/12 714 498-7199
Date Telephone Number

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 ~~XX~~ 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.):

Held employee meetings to inform them on their section 7 rights and to answer questions pertaining to unions.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Held meetings with employees, showed videos and informed them on union. Used union documentation for Q & A session.

11.b. Period during which performed:

1/2012 - 2/2012

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Gus Flores
Organization Emp Relations Services
P.O. Box, Bldg., Room No., if any
Street Same as page 1
City
State ZIP Code + 4

Additional Name and address through whom performed, if any:

Name Carlos Flores
Organization Emp Relations Services
P.O. Box, Bldg., Room No., if any
Street Same as page 1
City
State ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations: