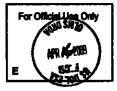
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

AMENDED FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



This report is mandatory under P.L. 88-257, 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 393781			
Person Filing			
2. Name and maiting address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name Josephine Zamora		Name Josephine Zamora	
Title President		Title President	
Organization Employee Solutions, Inc.		Organization Employee Solutions, Inc.	
P.O. Box, Bidg., Room No., If any P.O. Box 67166		P.O. Box, Bidg., Room No., if any	
Street		Street 5108 Cumberland Pl. NW.	
City Albuquerque		City Albuquerque	
State New Mexico ZIP Code + 4 87193		State New Mexico ZIP Code + 4 87120	
4. Date fiscal year ends: 5. Type of person:			
Dec / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify):	
Nature of Agreement or Arrangement			
Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:	
Name Debbie Mahannah		8. Name of person(s) through whom made:	
Organization St. Luke's Episcopal Health System Trade Name, if any		Name Debbie <u>Hahannah</u>	
P.O. Box, Bidg., Room No., if any		Name	
Street 3100 Main Street		Name	
City Houston		Name	
State Texas	ZIP Code + 4 77030	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 betief, true, correct, and complete. (See Section-14) on penalties in the instructions.)			
		\sim 1.3	
- 	President (if other title, see instructions)	14. Signed Treasurer (If other title, see instructions)	
Title President		Title Other (Specify)	
		President	
on 3 29 09 50!	5-681-8100	on 3/29/09 505-681-8100	
Date	Telephone Number	Data Telephone Number	

Filer: Josephine Zamora Employee Solutions, Inc.	File Number C- 00618		
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.):			
The company was employed on a per hour basis pursuant to an oral contract.			
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:		
Jul, Aug, Nov, Dec 2008	Completed		
11.d. Name and address through whom performed: Name See Attachment A	Additional Name and address through whom performed, if any: Name		
333333333	PORTING		
Organization	Organization		
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room 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 lebor organizations:		
All employees eligible to be in a bargaining unit	None		

Form LM-20 (2003) Page 2 of 2

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

11.d. Name and address through who performed

Paint Creek
Jill Cortis
2340 Indianwood Rd.
Lake Orion, MI 48362

Jeanne B. Schmid Consulting, Inc. Jeanne B. Schmid 9 Whitpain Drive Ambler, PA 19002

The Joseph Group Ted Pilonero 216 Eggler Road Jeffersonbille, NY 12748

Versala Parish 28920 Cullen Dr. Romulus, MI 48174

Labor Relations Academy for Management Diana Chaimberlain P.O. Box 1563 McMurray, PA 15317

Susannah J. Squitieri 1015 Buckingham Grosse Pointe Park, MI 48230