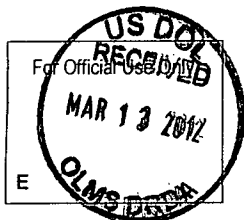


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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.

476630

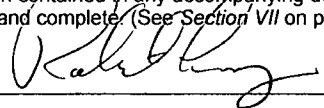
1. File Number: c- 755

Person Filing	
2. Name and mailing address (include ZIP Code): Name ROBERT LONG Title CEO Organization HEALTHCARE LABOR SOLUTIONS P.O. Box, Bldg., Room No., if any SUITE 190 Street 24 CORPORATE PLAZA City NEWPORT BEACH State California ZIP Code + 4 92660	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. <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 MARY PELKEY Organization SUTTER EAST BAY HOSPITALS, INC Trade Name, if any ALTA BATES SUMMIT MEDICAL CENTER P.O. Box, Bldg., Room No., if any Street 350 HAWTHORNE AVE City OAKLAND State California ZIP Code + 4 94609	7. Date entered into: 2 / 6 / 2012 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 
Title President

President
(If other title, see instructions)

14. Signed _____
Title Treasurer

Treasurer
(If other title, see instructions)

On 3/2/2012 877-484-9799
Date Telephone Number

On 3/2/2012 877-484-9799
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.):

All services described in Section 11a. below shall be performed on an hourly fee basis. Expenses in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., will be reimbursed to Healthcare Labor Solutions at actual cost.

Specific Activities to be Performed

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

a. Nature of activity:

Healthcare Labor Solutions has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during this period.

11.b. Period during which performed:

2/6/2012-2/29/2012

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization HEALTHCARE LABOR SOLUTIONS

P.O. Box, Bldg., Room No., if any Suite 190

Street 24 Corporate Plaza

City Newport Beach

State California

ZIP Code + 4 92660

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 PART-TIME AND FULL-TIME EMPLOYEES AS AGREED TO BETWEEN THE PARTIES.

12.b. Identify subject labor organizations:

OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCAL 29, OFFICE AND PROFESSIONAL EMPLOYEES
INTERNATIONAL UNION, AFL-CIO.