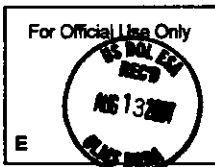


# FORM LM-20

## 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- 00603

332949

### Person Filing

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

Name Mary Yarbrough

Title President

Organization Educational Services

P.O. Box, Bldg., Room No., if any PO Box 10682

Street

City Zephyr Cove

State Nevada

ZIP Code + 4 89448

#### 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 Scott Day

Organization Exempla Lutheran Medical Center

Trade Name, if any

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

Street 8500 W 38th Ave

City Wheat Ridge

State Colorado

ZIP Code + 4

#### 7. Date entered into:

6 / 5 / 2007

#### 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

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

8/3/07  
Date

1 (877) 789-9272

Telephone Number

On

8/3/07  
Date

1 (877) 789-9272

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.):

Exempla Lutheran Medical Center has agreed to contract with Educational Services to provide educational consulting services for all employees

**Specific Activities to be Performed**

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

a. Nature of activity:

Educational Services was engaged to educate all employees of their section 7 rights under the National Labor Relations Act

11.b. Period during which performed:

06/05/07

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Gabrielle Yarbrough

Organization

P.O. Box, Bldg., Room No., if any 4815 E. Carefree Highway

Street

City Cave Creek

State Arizona

ZIP Code + 4 85331

Additional Name and address through whom performed, if any:

Name Carina Hunt

Organization CHunt Consulting

P.O. Box, Bldg., Room No., if any 1405 Stone Lakes Drive

Street

City Southlake

State Texas

ZIP Code + 4 76092

12.a. Identify subject groups of employees:

All employees of Exempla Lutheran Medical Center

12.b. Identify subject labor organizations:

National Nurses Organizing Committee  
Service Employee International Union  
United Food and Commercial Workers Union

**Specific Activities to be Performed (Continuation Page)**

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

## a. Nature of activity:

Educational Services was engaged to educate all employees of their section 7 rights under the National Labor Relations Act

11.b. Period during which performed:

06/05/07

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Mary Yarbrough

Organization

P.O. Box, Bldg., Room No., if any PO box 10682

Street

City Zephyr Cove

State Nevada

ZIP Code + 4 89448

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

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

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