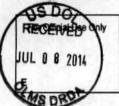
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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. IS DRU 1. File Number: C- 00755 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Robert Long Title President Title Organization Healthcare Labor Solutions Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 27762 Antonio Parkway L1-645 City City Ladera Ranch ZIP Code + 4 92694 State California State ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: Individual b. Partnership c. Corporation d. Other (Specify): Dec 31 Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 23 / 2014 Name Susan Donker 8. Name of person(s) through whom made: Organization Sutter Health Name Robert Long Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 1200 Scenic Drive, Suite 200 Name City Modesto Name State California ZIP Code + 4 95350 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 VIII on penalties in the instructions.) 13. Signed President 14. Signed Treasurer (If other title, see If other title, see instructions) instructions) President Treasurer Title Title 06/27/2014 877-424-9799 06/27/2014 877-424-9799

Date

Telephone Number

Telephone Number

Date

Filer: Robert Long	Healthcare Labor Solutions	File Number C- 00755

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 collectively through representatives of their own choosing.	e and bargain
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor or such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil	lispute involving udicial 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. Expesses in connection with the performance of such services as travel, accommodations, copies, telephone, 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 communications with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in written communications and in conducting meetings with employees during this period.

1.b. Period during which performed: 06/01/2014	11.c. Extent performed: 06/04/2014	
1.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
ame Bill Michaelis	Name	
rganization Healthcare Labor Solutions	Organization P.O. Box, Bldg., Room No., if any	
O. Box, Bldg., Room No., if any		
treet 27762 Antonio Parkway L1-645	Street	
ity Ladera Ranch	City	
tate California ZIP Code + 4 92694	State ZIP Code + 4	
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Registered Nurses	California Nurses Association	