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. 1215-0188 Expires 11-30-2006



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.

C.MS DROTT	
1. File Number: C- 00603	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Mary Yarbrough	Name
Title President	Title
Organization Educational Services	Organization
P.O. Box, Bldg., Room No., if any PO Box 10682	P.O. Box, Bldg., Room No., if any
Street	Street
City Zephyr Cove	City
State Nevada ZIP Code + 4 89448	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 a. Individual b. Partnership	c. Corporation d. Cther (Specify):
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 9 / 18 / 2006
Name Lori Curry	
Organization Stanford Hospital and LCPH	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 300 Pasteur Dr	Name
City Stanford	Name
State California ZIP Code + 4 94305-5513	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 On 10.11.06 Date Telephone Number On Date Telephone Number	

Filer Mary Yarbrough Educational Services	File Number C- 00603	
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.)		
Stanford Hospital and Lucille Packard Children's Hospital 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	11.c. Extent performed	
09/18/06-09/18/07	ongoing	
11.d. Name and address through whom performed.	Additional Name and address through whom performed, if any:	
Name Mary Yarbrough	Name Gerald O'Brien	
Organization	Organization	
P.O. Box, Bldg., Room No., if any PO Box 10682	P.O. Box, Bldg., Room No if any	
Street	Street 23 Summit Heights	
City Zephyr Cove	City North Oaks	
State Nevada ZIP Code + 4 89448	State Minnesota ZIP Code + 4 55127	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All employees of Stanford Medical Center and Lucille Packard Childern's Hospital	Service Employee International Union	

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