

Agreement and Activities Report

OLMS DENVER

101002

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards



This report is mandatory under P.L. 89-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Form approved - OMS No. 1215-0188
Expires 07-31-2004

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 303(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No. C. 571

A. Person Filing

1. Name and mailing address (include ZIP code): MGS Consulting, James Laurin 41555 Calle Rocosa, Suite 1 Temecula, CA 92592	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: December 31	4. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Cedars-Sinai Medical Center 8700 Beverly Blvd., Suite 2227 Los Angeles, CA 90048	6. Date entered into: November 1, 2002
7. Name of person through whom made: Jeanne Flores	

8. 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.

9. Terms and conditions (Explain in detail; see Part B-6 of Instructions):

Terms and Conditions: No engagement, no formal contract, hourly fee negotiated

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of Instructions):

a. Nature of activity:

Please see Attachment A for detail



b. Period during which performed:

c. Extent performed:

d. Names and addresses of persons through whom performed:

11. Identify (a) subject employees, groups of employees, and (b) labor organizations:

Registered Nurses employed by Cedars-Sinai Medical Center who are eligible to vote in the union election conducted by the National Labor Relations Board

D. Verification and Signature: The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>[Signature]</i> (If other title, cross out and write in correct title above.) City: Temecula State: CA Date: 12-28-03	Signed: <i>[Signature]</i> (If other title, cross out and write in correct title above.) City: Temecula State: CA Date: 12-28-03
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Form LM-20
(Feb 1980)

LM-20 ATTACHMENT A

C. SPECIFIC ACTIVITIES TO BE PERFORMED

10. Description of activities

a) specific nature of activity performed

▽ Persuader activities consisted primarily of:

- *Informing RN's of the right to organize or the right not to do so;*
- *Ensuring that RN's are aware of the voting process and exercise their choice at a secret-ballot election held by the National Labor Relations Board*
- *Informing RN's of the right to choose their own representatives for the purpose of collective bargaining or choose not to be represented;*
- *Answering specific union-related questions asked by RN's.*

b) period during which performed

- *November 11, 2002 – December 15, 2002*

c). the extent to which the activity has already been performed

- *Activities have been completed*

d). the names and addresses of persons through who performed; names under which they are or have been carrying out these activities

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