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.

1. File Number:	301558		
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	
City Zephyr Cove			
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. Other (Specify):	
- (m m d d d d d d			
Nature of Agreement or Arrangemen	t		
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 9 / 18 / 2006	
Name Allen Mitzel			
Organization Saint Joseph Hospital		8. Name of person(s) through whom made:	
Trade Name, if any	•	Name	
P.O. Box, Bldg., Room No., if any		Name	
Street 1835 Franklin Street		Name	
City Denver		Name	
State Colorado	ZIP Code + 4 80218	Name	
Signatures			
Each of the undersigned declares, under the information contained in any accommodation true, correct, and complete. (See Section 13. Signed President President	er penalty of perjury and other applicable panying documents) has been examined	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer Title Treasurer Title	
On 10.6.06 1(8	789-9272 Telephone Number	On <u>(0.6 6 6.</u> 1 (877) 789-9272 Date Telephone Number	

Filer Mary Yarbrough Educational Services	File Number C- 00603			
O Charle the appropriate have to indicate whether an abject of the activities under	delen is discoth, as indiscoth,			
9. Check the appropriate box to indicate whether ar⊩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	s must be attached.):			
Saint Joseph 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 instruc	tions):			
a. Nature of activity:				
Educational Services was engaged to educate all employees of their section 7 rights under the Nationa 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 Gabrielle Yarbrough	Name Robin Buesching			
Organization	Organization Total Business Solutions			
P.O. Box, Bldg., Room No., if any 4815 E. Carefree Highway	P.O. Box, Bldg., Room No., if any P.O. Box 67787			
Street	Street			
City Cave Creek	City Albuquerque			
State Arizona ZIP Code + 4 85331	State New Mexico ZIP Code + 4 87193			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All employees of Saint Joseph Hospital	National Nurses Organizing Committee Service Employee International Union			
	Total Suprofee Succession of the Suprofee Suprof			

Form LM-20 (2003) Page 2 of 2