~ 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. 88-257, 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- 00618	7/246		· · · · · · · · · · · · · · · · · · ·		
Paman Filing	•				
Person Filing 2. Name and mailing address (include ZIP Code):		Any other address where recon	ds necessary to verify this report are kept:		
Name Josephine Zamora		Name			
Title President		Title			
Organization Employee Solutions, Inc.		ganization			
P.O. Box, Bldg., Room No., if any P.O. Box 67166		P.O. Box, Bldg., Rogin No., if any			
Street		eet			
City Albuquerque		1			
State New Mexico ZIP Co	te + 4 87193 Sta	te :	ZIP Code + 4		
4. Date fiscal year ends: 5. Type o	person;				
Dec/ 3.1 a. lnc	ividual b. Partnership c.	Corporation cl. Other (Specify):		
		<u></u>			
Nature of Agreement or Arrangement					
6. Full name and address of employer with whom made (include ZIP Code):		Date entered into:	/ 1 / 2008		
Name Ken Cess Organization Hampton Care Center		8. Name of person(s) through whom made:			
Trade Name, if any		me Ken	Cess		
P.O. Box, Bidg., Room No., if any		me			
Street 442 Hampton Street		me			
City Stockton		Name			
State California ZIP Co	de + 4 95204 Na	me			
Signatures					
Each of the undersigned declares, under penalty of the information contained in any accompanying do true, correct, and complete. (See Section VII on penalty of the information contained in any accompanying do true, correct, and complete. (See Section VII on penalty of the information of the inform	President (If other title, see instructions) 14.	Signed Other (Specify President On 9/11/8	of the undersigned's knowledge and belief, Treasurer (If other title, see		
Date Telephone Form LM-20 (2003)	Number	/ Date	Telephone Number Page 1		

Filer: Josephine Zamora Employee Solutions, Inc.		File Number C- 00618			
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.					
40. Tarre and an dition (Contain in data)), and instructions. Military appropriate must be attached by					
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): Company was employed on a per hour basis with no formal written agreement.					
Company was employed on a per nour basis with no formal written agreement.					
i					
Specific Activities to be Performed		-			
11. For each activity, separately list in detail the information required (See instructions):					
a. Nature of activity: Conduct training for employees on their rights unde	or the NLRA. Topics	discussed. NLRR election			
Conduct training for employees on their rights under the NLRA. Topics discussed: NLRB election process, collective bargaining, company position on union, company benefits, policies and procedures.					
11.b. Period during which performed:	11.c. Extent performed: On-going				
May/June 2008 11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name See Attachment A	Name				
	1				
Organization	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any				
Street	Street				
City	City				
State ZIP Code + 4	State	ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
All eligible employees	SEIU				

Attachment A - LM-20 - Employee Solutions, Inc.

11.d. Name and address through who performed

E. Zuniga 7037 Lanto Street Commerce, CA 90040

B. Rabano 6801 Rook Drive Huntington Beach, CA 92647