

TERMINAL REPORT
FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

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 Relations and Disclosure Act of 1959, as amended. (LMRDA)

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

414249

1. File Number C- 00618

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

01 / 01 / 2009

Through:

Month/Day/Year
(mm/dd/yyyy)

12 / 31 / 2009

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Josephine Zamora

Title President

Organization Employee Solutions, Inc.

P.O. Box, Building and Room Number, if any

P.O. Box 67166

Street

City Albuquerque

State New Mexico

ZIP Code + 4 87193

4. Any other address where records necessary to verify this report are kept:

Name Josephine Zamora

Title President

Organization Employee Solutions, Inc.

P.O. Box, Building and Room Number, if any

Street 5108 Cumberland Pl. NW.

City Albuquerque

State New Mexico

ZIP Code + 4 87120

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 the Section on penalties in the instructions).

17. Signed

Title President

President
(if other title, see
instructions)

On

1 / 26 / 2010

Date

505-681-8100

Telephone Number

18. Signed

Title Other (Specify)
President

Treasurer
(If other title, see
instructions)

On

1 / 26 / 2010

Date

505-681-8100

Telephone Number

TERMINAL REPORT

Name of Person Filing: Josephine Zamora

File Number C- 00618

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Building and Room Number, if any

Employer Redding Care Center

Trade Name

Street 2490 Court Street

Attention To

Joe

Miceli

City

Redding

Title

State

California

ZIP Code + 4

96001

5.b. Termination Date 6/08

5.c. Amount 74,391

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 209,865

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

Josephine	Zamora	131,940		131,940	9. Office and Administrative Expenses	3,839
					10. Publicity	0
					11. Fees for Professional Services	0
					12. Loans Made	
					13. Other Disbursements	0
8. Total disbursements to officers and employees:				131,940	14. Total Disbursements (Sum of Items 8-13)	135,779

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Redding Care Center

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Jackie

O'Brien

Title

Organization

P.O. Box, Building and Room Number, if any

P.O. Box 306

Street

City Stonington

State Connecticut

ZIP Code + 4

06378

15.d. Amount 21,900

15.e. Purpose

To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 74,086

TERMINAL REPORT

Name of Person Filing: Josephine Zamora

File Number C- 00618

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Trinity Health - St. Agnes

P.O. Box, Bldg., Room No., if any

Trade Name

Street 27870 Cabot Drive

Attention To: Anita Lechner Bosch

City Novi

Title State Michigan ZIP Code + 4 48377

5.b. Termination Date 11/08

5.c. Amount 6,500

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Windsor Gardens Convalescent Hospital

P.O. Box, Bldg., Room No., if any

Trade Name

Street 915 S. Crenshaw Blvd.

Attention To: Eduardo Aguinaga

City Los Angeles

Title State California ZIP Code + 4 90019

5.b. Termination Date 5/08

5.c. Amount 10,659

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer St. Luke's Episcopal Health System

P.O. Box, Bldg., Room No., if any

Trade Name

Street 3100 Main Street

Attention To: Debbie Mahannah

City Houston

Title State Texas ZIP Code + 4 77030

5.b. Termination Date 12/08

5.c. Amount 58,319

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Hampton Care Center

P.O. Box, Bldg., Room No., if any

Trade Name

Street 442 Hampton Street

Attention To: Ken Cess

City Stockton

Title State California ZIP Code + 4 95204

5.b. Termination Date 6/08

5.c. Amount 59,996

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title State ZIP Code + 4

5.b. Termination Date

5.c. Amount

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title State ZIP Code + 4

5.b. Termination Date

5.c. Amount

Name of Person Filing: Josephine Zamora

File Number C- 00618

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Trinity Health - St. Agnes</div> </p>	<p>15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>
<p>15.c. To Whom Paid</p> <p>Name <div style="border: 1px solid black; padding: 2px;">Bienvenido</div> <div style="border: 1px solid black; padding: 2px;">Rabano</div></p> <p>Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p> <p>Street <div style="border: 1px solid black; padding: 2px;">6801 Rook Drive</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">Huntington Beach</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">92647</div></p>	<p>15.d. Amount <div style="border: 1px solid black; padding: 2px;">2,600</div></p> <p>15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> <p>To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.</p> </div> </p>

<p>15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Hampton Care Center</div> </p>	<p>15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>
<p>15.c. To Whom Paid</p> <p>Name <div style="border: 1px solid black; padding: 2px;">Bienvenido</div> <div style="border: 1px solid black; padding: 2px;">Rabano</div></p> <p>Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p> <p>Street <div style="border: 1px solid black; padding: 2px;">6801 Rook Drive</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">Huntington Beach</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">92647</div></p>	<p>15.d. Amount <div style="border: 1px solid black; padding: 2px;">2,700</div></p> <p>15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> <p>To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.</p> </div> </p>

<p>15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">St. Luke's Episcopal Health System</div> </p>	<p>15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>
<p>15.c. To Whom Paid</p> <p>Name <div style="border: 1px solid black; padding: 2px;">Jill</div> <div style="border: 1px solid black; padding: 2px;">Cortis</div></p> <p>Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p> <p>Street <div style="border: 1px solid black; padding: 2px;">2340 Indianwood Rd.</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">Lake Orion</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">Michigan</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">48362</div></p>	<p>15.d. Amount <div style="border: 1px solid black; padding: 2px;">7,215</div></p> <p>15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> <p>To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.</p> </div> </p>

Name of Person Filing: Josephine Zamora

File Number C- 00618

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">St. Luke's Episcopal Health System</div> </p>	<p>15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>
<p>15.c. To Whom Paid</p> <p>Name <div style="border: 1px solid black; padding: 2px;">Juan</div> <div style="border: 1px solid black; padding: 2px;">Negroni</div></p> <p>Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>Organization <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p> <p>Street <div style="border: 1px solid black; padding: 2px;">53 Blueberry Hill</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">Weston</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">Connecticut</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">06883</div></p>	<p>15.d. Amount <div style="border: 1px solid black; padding: 2px;">1,050</div></p> <p>15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote. </div> </p>

<p>15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">St. Luke's Episcopal Health System</div> </p>	<p>15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>
<p>15.c. To Whom Paid</p> <p>Name <div style="border: 1px solid black; padding: 2px;">Jeanne</div> <div style="border: 1px solid black; padding: 2px;">Schmid</div></p> <p>Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>Organization <div style="border: 1px solid black; padding: 2px;">Jeanne B. Schmid Consulting, Inc.</div></p> <p>P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p> <p>Street <div style="border: 1px solid black; padding: 2px;">9 Whitpain Drive</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">Ambler</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">Pennsylvania</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">19002</div></p>	<p>15.d. Amount <div style="border: 1px solid black; padding: 2px;">1,500</div></p> <p>15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote. </div> </p>

<p>15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">St. Luke's Episcopal Health System</div> </p>	<p>15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>
<p>15.c. To Whom Paid</p> <p>Name <div style="border: 1px solid black; padding: 2px;">Ted</div> <div style="border: 1px solid black; padding: 2px;">Pilonero</div></p> <p>Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>Organization <div style="border: 1px solid black; padding: 2px;">The Joseph Group</div></p> <p>P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p> <p>Street <div style="border: 1px solid black; padding: 2px;">216 Egger Road</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">Jeffersonville</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">New York</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">12748</div></p>	<p>15.d. Amount <div style="border: 1px solid black; padding: 2px;">7,438</div></p> <p>15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote. </div> </p>

Name of Person Filing: Josephine Zamora

File Number C- 00618

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">St. Luke's Episcopal Health System</div> </p>	<p>15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px;"></div> </p>
<p>15.c. To Whom Paid</p> <p>Name <div style="border: 1px solid black; padding: 2px;">Versala</div> <div style="border: 1px solid black; padding: 2px;">Parish</div></p> <p>Title <div style="border: 1px solid black; height: 20px;"></div></p> <p>Organization <div style="border: 1px solid black; height: 20px;"></div></p> <p>P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px;"></div> </p> <p>Street <div style="border: 1px solid black; padding: 2px;">28920 Cullen Dr.</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">Romulus</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">Michigan</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">48174</div></p>	<p>15.d. Amount <div style="border: 1px solid black; padding: 2px;">3,763</div></p> <p>15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote. </div> </p>

<p>15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Hampton Care Center</div> </p>	<p>15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px;"></div> </p>
<p>15.c. To Whom Paid</p> <p>Name <div style="border: 1px solid black; padding: 2px;">Ernest</div> <div style="border: 1px solid black; padding: 2px;">Zuniga</div></p> <p>Title <div style="border: 1px solid black; height: 20px;"></div></p> <p>Organization <div style="border: 1px solid black; height: 20px;"></div></p> <p>P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px;"></div> </p> <p>Street <div style="border: 1px solid black; padding: 2px;">7037 Lanto Street</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">Commerce</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">90040</div></p>	<p>15.d. Amount <div style="border: 1px solid black; padding: 2px;">18,080</div></p> <p>15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote. </div> </p>

<p>15.a. Employer Name: <div style="border: 1px solid black; padding: 2px;">Windsor Gardens Convalescent Hospital</div> </p>	<p>15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px;"></div> </p>
<p>15.c. To Whom Paid</p> <p>Name <div style="border: 1px solid black; padding: 2px;">Ernest</div> <div style="border: 1px solid black; padding: 2px;">Zuniga</div></p> <p>Title <div style="border: 1px solid black; height: 20px;"></div></p> <p>Organization <div style="border: 1px solid black; height: 20px;"></div></p> <p>P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px;"></div> </p> <p>Street <div style="border: 1px solid black; padding: 2px;">7037 Lanto Street</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">Commerce</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">90040</div></p>	<p>15.d. Amount <div style="border: 1px solid black; padding: 2px;">4,160</div></p> <p>15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote. </div> </p>

Name of Person Filing: Josephine Zamora

File Number C- 00618

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>15.a. Employer Name:</p> <div style="border: 1px solid black; padding: 2px;">Redding Care Center</div>	<p>15.b. Trade Name, If any:</p> <div style="border: 1px solid black; height: 20px;"></div>
<p>15.c. To Whom Paid</p> <p>Name <div style="border: 1px solid black; padding: 2px;">Ernest</div> <div style="border: 1px solid black; padding: 2px;">Zuniga</div></p> <p>Title <div style="border: 1px solid black; height: 20px;"></div></p> <p>Organization <div style="border: 1px solid black; height: 20px;"></div></p> <p>P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px;"></div></p> <p>Street <div style="border: 1px solid black; padding: 2px;">7037 Lanto Street</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">Commerce</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">90040</div></p>	<p>15.d. Amount <div style="border: 1px solid black; padding: 2px;">3,680</div></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; padding: 5px;"> <p>To educate employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so and to enhance the business literacy of the workforce and encourage employees to be informed and to vote.</p> </div>

<p>15.a. Employer Name:</p> <div style="border: 1px solid black; height: 20px;"></div>	<p>15.b. Trade Name, If any:</p> <div style="border: 1px solid black; height: 20px;"></div>
<p>15.c. To Whom Paid</p> <p>Name <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div></p> <p>Title <div style="border: 1px solid black; height: 20px;"></div></p> <p>Organization <div style="border: 1px solid black; height: 20px;"></div></p> <p>P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px;"></div></p> <p>Street <div style="border: 1px solid black; height: 20px;"></div></p> <p>City <div style="border: 1px solid black; height: 20px;"></div></p> <p>State <div style="border: 1px solid black; height: 20px;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 20px;"></div></p>	<p>15.d. Amount <div style="border: 1px solid black; width: 100px;"></div></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px;"></div>

<p>15.a. Employer Name:</p> <div style="border: 1px solid black; height: 20px;"></div>	<p>15.b. Trade Name, If any:</p> <div style="border: 1px solid black; height: 20px;"></div>
<p>15.c. To Whom Paid</p> <p>Name <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div></p> <p>Title <div style="border: 1px solid black; height: 20px;"></div></p> <p>Organization <div style="border: 1px solid black; height: 20px;"></div></p> <p>P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 20px;"></div></p> <p>Street <div style="border: 1px solid black; height: 20px;"></div></p> <p>City <div style="border: 1px solid black; height: 20px;"></div></p> <p>State <div style="border: 1px solid black; height: 20px;"></div> ZIP Code + 4 <div style="border: 1px solid black; height: 20px;"></div></p>	<p>15.d. Amount <div style="border: 1px solid black; width: 100px;"></div></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px;"></div>

Employee Solutions, Inc.



Mr. Larry King
Chief
Division of Reports, Disclosure and Audits
U.S. Department of Labor
Office of Labor Management Standards
200 Constitution Avenue, NW, Room N-1519
Washington, DC 20210

January 26, 2010

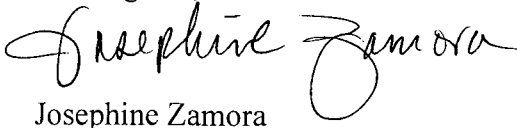
RE: Termination of LM-20/21 filer ESI (OLMS File # C-00618)

Dear Mr. King:

I am writing to request the termination of the LM-20/21 file number for Employee Solutions Incorporated (aka "ESI") file number C-00618. Effective 12/31/09 ESI is no longer in operation. Attached to this letter, please find the terminal LM-21 report I completed for ESI covering January 1, 2009 – December 31, 2009 (the date of ESI's termination).

Thank you for your assistance with this matter.

Best regards,


Josephine Zamora