

FORM LM-20 AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number. C- 614 325245

Person Filing

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

Name Brent W Yessin

Title President

Organization Yessin & Associates

P.O. Box, Bldg., Room No., if any P.O. Box 8814

Street

City Longboat Key

State Florida

ZIP Code + 4 34228

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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Les Abercrombie

Organization Desert Springs Hospital

Trade Name, if any

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

Street 2075 East FLamingo Road

City Las Vegas

State Nevada

ZIP Code + 4 89119

7. Date entered into:

4 / 15 / 2006

8. Name of person(s) through whom made:

Name

Name

Name

Name

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 President

14. Signed

Treasurer
(If other title, see
instructions)

Title

On

Date

Telephone Number

On

Date

Telephone Number

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.):

Employee Advocates will have various consultants working at \$100.00 per hour, for training and education of the workforce by various consultants, including registered nurses, human resource professionals, attorneys or former union officials, as needed and requested by the client.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

To educate Desert Springs Hospital registered nurses 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. To enhance the business literacy of the workforce and encourage employees to be informed and to vote.

11.b. Period during which performed:

4/15/06-5/15/06

11.c. Extent performed:

Completed by 5/15/06

11.d. Name and address through whom performed:

Name Brent Yessin

Organization Employee Advocates

P.O. Box, Bldg., Room No., if any P.O. Box 8814

Street

City Longboat Key

State Florida

ZIP Code +4 34228

Additional Name and address through whom performed, if any:

Name Nora Boczar

Organization Employee Advocates

P.O. Box, Bldg., Room No., if any P.O. Box 8814

Street

City Longboat Key

State Florida

ZIP Code +4 34228

12.a. Identify subject groups of employees:

at Desert Springs Hospital
Technical Employees

12.b. Identify subject labor organizations:

SEIU Local 1107



March 27, 2007

Mr. James Haskins, Chief
Division of Reports, Disclosure & Audits
U.S. Department of Labor Employment Standards Administration
Office of Labor-Management Standards, Room N-5608
200 Constitution Avenue, NW
Washington, DC 20210

Re: Employee Advocates, Inc.
USDOL Form LM-20
File No.: 00616

Dear Mr. Haskins,

Please allow this correspondence to serve as a request for assistance and amendment of the above-described form. A Scribner's error created by support staff reflects Yessin & Associates, LLC as the filing entity/organization. The correct entity/organization is Employee Advocates, Inc.

Mr. Brent W. Yessin is the President and CEO of Yessin & Associates, LLC and Employee Advocates, Inc., however, Yessin & Associates, LLC is a Law Firm which does not engage in, nor does it conduct persuader work of any kind whereas Employee Advocates, Inc., is a Consulting Firm which specializes in training and education on the National Labor Relations Act. Therefore, I ask for your assistance in amending this error so that it will reflect the proper filing entity in both your records database and original documents and in ours.

I have prepared a corrected Form LM-20 which reflects Employee Advocates, Inc. as the filing entity/organization and have enclosed same herein.

Thank you in advance for your kind attention to this matter. Should you have any questions or require additional information, please do not hesitate in contacting me directly at 813-225-1777 or e-mail Dawn@BetterEmployeeRelations.com.

Respectfully,


Dawn M. Russell
Legal Assistant