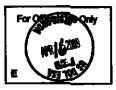
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## AMENDED FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



C- 00618

1. File Number:

This report is mendatory 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.

Person Filing			
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name Josephine Samora		Name Josephine Zamora	
Title President		Time President	
Organization Employee Solutions, Inc.		Organization Employee Solutions, Inc.	
P.O. Box, Bidg., Room No., if any P.O. Box 67166		P.O. Box, Bldg., Room No., if any	
Street		Street 5108 Cumberland Pl. HW	
City Albuquerque		City Albuquerque	
State New Mexico	ZIP Code + 4 87193	State New Mexico ZIP Code + 4 87120	
4. Date fiscal year ends: 5. Type of person:			
Dec / 31 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):		7. Date entered into: 3 / 20 / 2006	
Name Marueen Henson		8. Name of person(s) through whom made:	
Organization Henry Ford Bi-County Hospital			
Trade Name, if any		Name Marueen Henson	
P.O. Box, Bidg., Room No., If any		Name	
Street 13355 East Ten Mile Road		Name	
CMy Warren		Name	
State Michigan	ZIP Code + 4 48089	Name	
Signatures Signatures			
Each of the undersigned declares, under penalty of perjuny 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  14. Signed  14. Signed			
Title President	(If other title, see instructions)	Title Other (Specify) (M other title, see instructions)  President	
··· <del>// /</del>	81-8100 lephone Number	On 3/29/09 505-681-8100 Telephone Number	
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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.				
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):				
The company was employed on a per hour basis pursuant to an oral contract.				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instruct	ions):			
a. Nature of activity: Conduct training for employees on their rights under the NURA. Topics discussed: NURB election				
process, collective bargaining, company position on union, company benefits, policies and procedures.				
11.b. Period during which performed:	11.c. Edent performed:			
March and April 2006	Completed			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name See Attachment A	Name			
Organization	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any			
Street	Street			
СКУ	City			
State ZIP Code + 4	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All employees eligible to be in a bargaining unit	Michigan Association of Police			
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## Attachment A - LM-20 - Employee Solutions, Inc.

## 11.d. Name and address through who performed

Permanent Solutions Labor Consultants Rick Torres 19186 Fort Street Riverview, Mi 48192