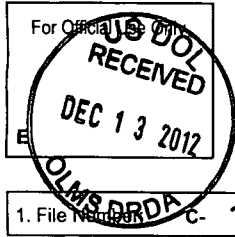


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

5081024

1. File Number

780

Person Filing

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

Name Robert Long

Title CEO/President

Organization Employer Labor Solutions

P.O. Box, Bldg., Room No., if any L1-645

Street 27762 Antonio Parkway

City Ladera Ranch

State California ZIP Code + 4 92694

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 Claudia Finkel

Organization Jewish Vocational Services

Trade Name, if any

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

Street 6505 Wilshire Blvd., Suite 700

City Los Angeles

State California ZIP Code + 4 90048

7. Date entered into:

8 / 30 / 2012

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

Title Treasurer

Treasurer
(If other title, see instructions)

On 11/18/2012

Date

877-424-9799

Telephone Number

On

Date

Telephone Number

Filer: Robert Long Employer Labor Solutions	File Number C-
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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.):

All services described in Section 11a below shall be performed on an hourly fee basis. Expenses in connection with the performance of such services as travel, accomodations, copies, telephone long distance, etc., will be reimbursed to Employer Labor Solutons at actual cost.

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Employer Labor Solutions has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting mettings with employees and in communications in writing during this period.</p>	
<p>11.b. Period during which performed:</p> <p>8/30/2012 - 9/14/2012</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name</p> <p>Organization Employer Labor Solutions</p> <p>P.O. Box, Bldg., Room No., if any L1-645</p> <p>Street 27762 Antonio Parkway</p> <p>City Ladera Ranch</p> <p>State California ZIP Code + 4 92694</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All part-time and full-time employees as agreed to between the parties.</p>	<p>12.b. Identify subject labor organizations:</p> <p>American Federation of State County and municipal Employees, AFSCME Local 800.</p>

EMPLOYER LABOR SOLUTIONS

EXPERIENCE, GUIDANCE & SOLUTIONS

27762 Antonio Parkway L1-645
Ladera Ranch, CA 92694
1-855-424-9799

Personal and Confidential

November 18, 2012

US Department of Labor
Office of Labor-Management Standards
915 Wilshire Blvd., Room 910
Los Angeles, CA 90017



Enclosed are the appropriate Form LM-20 Agreement and activities reports for Employer Labor Solutions.

Respectfully,

A handwritten signature in black ink, appearing to read "Robert Long".

Robert Long
Chief Executive Officer

Form LM-20: Jewish Vocational Services