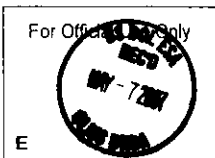


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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-621 327010

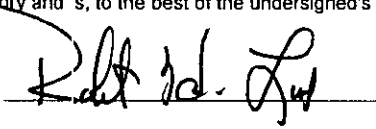
Person Filing	
2. Name and mailing address (include ZIP Code): Name Joan S Randolph Title None Organization None P.O. Box, Bldg., Room No., if any Street 1084 Kipling Road City Rydal State Pennsylvania ZIP Code + 4 19046	3. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: 12 / 07	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Robert B Birnbrauer Organization Temple University Health System Trade Name, if any TUHS P.O. Box, Bldg., Room No., if any Street 3509 North Broad Street City Philadelphia State Pennsylvania ZIP Code + 4 19140	7. Date entered into 03/30/07 8. Name of person(s) through whom made: Name Robert B Birnbrauer 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 s, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed 
Title President
President (If other title, see instructions)

14. Signed 
Title Treasurer
Treasurer (If other title, see instructions)

On 4-27-07 215-707-5776
Date Telephone Number

On 4-30-07 215-707-3802
Date Telephone Number

Filer:	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:

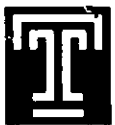
a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.

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.):

Employee hired in temporary employment status at \$80.00 per hour.

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>Speak with employees and answer any questions they may have regarding unionization.</p>	
<p>11.b. Period during which performed:</p> <p>March 30, 2007 through May 14, 2007</p>	<p>11.c. Extent performed:</p> <p>Near completion</p>
<p>11.d. Name and address through whom performed:</p> <p>Name</p> <p>Organization Temple University Health System</p> <p>P.O. Box, Bldg., Room No., if any 9th Floor</p> <p>Street 3509 N. Broad Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19140</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>Professional Registered Nurses</p>	<p>12.b. Identify subject labor organizations:</p> <p>Pennsylvania Association of Staff Nurses and Allied Employees</p>



9th Floor - TUCMC
3509 North Broad Street
Philadelphia, PA 19140

Tel: (215) 707-1893
Fax: (215) 707-7696

April 30, 2007

US Department of Labor
Employment Standards Administration
Office of Labor Management Standards
200 Constitution Avenue NW Room N5616
Washington, DC 20210



To Whom It May Concern:

Enclosed please find a completed Form LM-20 Agreement and Activities Report.

If you have any questions or require additional information, please contact me at 215-707-3982.

Sincerely,

Robert B. Birnbrauer
Vice President, Human Resources

Enclosure: Form LM-20