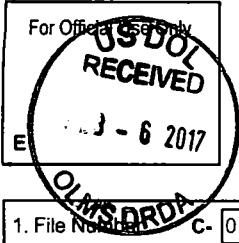


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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)

632454



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File No. C-

Person Filing

2. Name and mailing address (include ZIP Code):
Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

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: /

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
Organization
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

7. Date entered into: / /

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 *Lupe Cruz* President (If other title, see instructions)
Title

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

On On _____
Date Telephone Number 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.):

Hourly rate plus expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Held employee meetings to inform employees of their Section 7 rights and answer questions using the NLRB documents.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Dan Block

Organization Labor Management Associates, LLC

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

Street 6506 Mount Batten Ct

City Prospect

State Kentucky ZIP Code + 4 40059

Additional Name and address through whom performed, if any:

Name NA

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Nurses

12.b. Identify subject labor organizations:

USW Steelworkers