



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1218-0021 12-31-06

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)

File No. C. 483 MAR 10 2008 OLS

A. Person Filing 346059

1. Name and mailing address (include ZIP code): CRUZ & ASSOCIATES, INC. 10201 TRADEMARK, #C RANCHO CUCAMONGA, CA 91730

3. Date fiscal year ends: 12-31-06 4. Type of person: a. Individual b. Partnership c. Corporation d. Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Allied Waste/Fall River, MA 15880 North Greenway-Hayden Loop, Suite 100 Scottsdale, AR 85260

6. Date entered into: 03/04/2006 7. Names of persons through whom made: Dorian Long 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

9. Terms and conditions (Explain in detail; see Part B-9 of instructions): Hold employee meetings to inform their section (7) rights and to answer questions pertaining to the union, using NLRB Documents and Union Documents for questions and answers.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions): a. Nature of activity: Held employee meetings in small groups to inform them on Unions. b. Period during which performed: On going c. Extent performed: Held meetings with employees. d. Names and addresses of persons through whom performed: Fernando Rivera, 10201 Trademark St., #C, Rancho Cucamonga, CA 91730 & Mid Valley Labor Consulting Assoc. (Daryl Valdez) 15908 Clarisse St., Bakersfield, CA 93312

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Employees in potential bargaining unit.

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete. Signed: CFO President Signed: Treasurer City State Date at City State Date Form LM-20 (Rev. 1986)