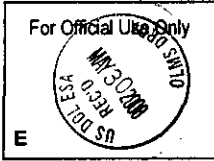


FORM LM-20

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.

362 343

1. File Number: c-00483

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Lupe Cruz</u> Title <u>CEO</u> Organization <u>Cruz & Associates, Inc</u> P.O. Box, Bldg., Room No., if any Street <u>10201 Trademark St, #C</u> City <u>Rancho Cucamonga</u> State <u>CA</u> ZIP Code + 4 <u>91730</u>	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: <u>Dec / 08</u>	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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 <u>Dr. Lally</u> Organization <u>Chino Valley Medical Center</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>5451 Walnut Avenue</u> City <u>Chino</u> State <u>CA</u> ZIP Code + 4 <u>91710</u>	7. Date entered into: <u>04 / 23 / 2008</u> 8. Name of person(s) through whom made: Name <u>Dr. Lally</u> 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 <u>[Signature]</u> Title <u>President CEO</u> President (If other title, see instructions)	14. Signed _____ Title <u>Treasurer</u> Treasurer (If other title, see instructions)
On <u>5/20/08</u> Date	On _____ Date
Telephone Number <u>909 960 8736</u>	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.):

Hold employee meetings to inform their section of rights and to answer questions pertaining to the union using NLRB documents and union documents for questions and answers

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 in small groups to inform them on unions.

11.b. Period during which performed:

On going

11.c. Extent performed:

Held meetings with employees

11.d. Name and address through whom performed:

Name *Bill Leopardi*
 Organization *Cruz & Associates, Inc*
 P.O. Box, Bldg., Room No., if any
 Street *10201 Trademark Street, #C*
 City *Rancho Cucamonga*
 State *CA* ZIP Code + 4 *91730*

Additional Name and address through whom performed, if any:

Name *Gary Crowley*
 Organization *Cruz & Associates, Inc*
 P.O. Box, Bldg., Room No., if any
 Street *10201 Trademark St, #C*
 City *Rancho Cucamonga*
 State *CA* ZIP Code + 4 *91730*

12.a. Identify subject groups of employees:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

United Nurses Associations of California / Union of Health Care Professionals

Held employee meetings in small groups to inform them on unions.

On going

Held meetings with employees

Larry Wong

The Burke Group

27407 Pacific Coast Hwy

Malibu

California

90265