

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-00483 371243

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>12 / 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>Scott Werhne</u> Organization <u>Bluestar Resort & Golf</u> Trade Name, if any <u>Trilogy Golf Club at La Quinta</u> P.O. Box, Bldg., Room No., if any Street <u>8800 N. Rainey Center Drive, Suite 355</u> City <u>Scottsdale</u> State <u>AZ</u> ZIP Code + 4 <u>85258</u>	7. Date entered into: <u>1 / 1 / 08</u> 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 <u>[Signature]</u> President Title <u>President (other) CEO</u> On <u>10/14/08</u> Date <u>909 980 8736</u> Telephone Number	14. Signed _____ Treasurer Title <u>Treasurer</u> On _____ Date _____ Telephone Number
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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.):

Hold employee meetings to inform their section (A) 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:

Hold employee meetings in small groups to inform them on unions

11.b. Period during which performed:

On going

11.c. Extent performed:

Hold meetings with employees

11.d. Name and address through whom performed:

Name Juan Cruz
 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

Additional Name and address through whom performed, if any:

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

12.a. Identify subject groups of employees:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

Laborers Local 1124