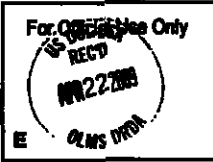


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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 395769

Person Filing	
2. Name and mailing address (include ZIP Code): Name Lupe Cruz Title CEO Organization Cruz & Associates, Inc. P.O. Box, Bldg., Room No., if any Street 10201 Trademark Street, #C City Rancho Cucamonga State California ZIP Code + 4 91730	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: Dec / 9	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 Susan H Norton Organization Hilton Hotels Corporation Trade Name, if any Embassy Suites/PR P.O. Box, Bldg., Room No., if any Street 755 Crossover Lane City Memphis State Tennessee ZIP Code + 4 38117	7. Date entered into: 3 / 17 / 2009 8. Name of person(s) through whom made: Name Sarah H Norton 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 obtained 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 V on penalties in the instructions.)

13. Signed Title Other (Specify) CEO On 04/15/2009 909-980-8736 Date Telephone Number	14. Signed _____ Title Treasurer 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 (7) 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 Lupe Cruz Organization Cruz & Associates, Inc. P.O. Box, Bldg., Room No., if any Street 10201 Trademark Street, #C City Rancho Cucamonga State California ZIP Code +4 91730	Additional Name and address through whom performed, if any: Name Mario Vargas Organization Cruz & Associates, Inc. P.O. Box, Bldg., Room No., if any Street 10201 Trademark Street, #C City Rancho Cucamonga State California ZIP Code +4 91730
12.a. Identify subject groups of employees: Employees in potential bargaining unit	12.b. Identify subject labor organizations: UNITE HERE Local 610