

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.

427313

1. File Number: C- 00483

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 / 10	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 William M Shields, Jr. Organization Shields Nursing Centers, Inc. Trade Name, if any P.O. Box, Bldg., Room No., if any Street 606 Alfred Nobel Drive City Hercules State California ZIP Code + 4 94547	7. Date entered into: 2 / 11 / 2010 8. Name of person(s) through whom made: 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><i>Lupe Cruz</i></u> President (If other title, see instructions) Title <u>Other (Specify)</u> CEO On <u>03/12/2010</u> 909-980-8736 Date Telephone Number	14. Signed _____ Treasurer (If other title, see instructions) 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 (7) rights and t 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 Greg Passant
 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 Luis Camarena
 Organization LKLS Consulting
 P.O. Box, Bldg., Room No., if any
 Street 1975 Alderbrook Pl
 City Chula Vista
 State California ZIP Code + 4 91913

12.a. Identify subject groups of employees:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

SEIU / NUHW

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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 Nekeya Nunn-Stephens
 Organization The Labor Pros
 P.O. Box, Bldg., Room No., if any
 Street 501 N. Orlando Avenue, Ste 346
 City Winter Park
 State Florida ZIP Code + 4 32789

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

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