

# 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.**

**433822**

1. File Number: **C- 00483**

Person Filing	
<p>2. Name and mailing address (include ZIP Code):</p> <p>Name <b>Lupe Cruz</b></p> <p>Title <b>CEO</b></p> <p>Organization <b>Cruz &amp; Associates, Inc.</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>10201 Trademark Street, Ste C</b></p> <p>City <b>Rancho Cucamonga</b></p> <p>State <b>California</b> ZIP Code + 4 <b>91730</b></p>	<p>3. Any other address where records necessary to verify this report are kept:</p> <p>Name</p> <p>Title</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>4. Date fiscal year ends:</p> <p><b>Dec / 10</b></p>	<p>5. Type of person:</p> <p>a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):</p>

Nature of Agreement or Arrangement	
<p>6. Full name and address of employer with whom made (include ZIP Code):</p> <p>Name <b>Sharon Z Ginchansky</b></p> <p>Organization <b>Country Villa Health Srvcs./Monte Vista</b></p> <p>Trade Name, if any</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>5120 West Goldleaf Circle, Ste 400</b></p> <p>City <b>Los Angeles</b></p> <p>State <b>California</b> ZIP Code + 4 <b>90056</b></p>	<p>7. Date entered into: <b>6 / 25 / 2010</b></p> <p>8. Name of person(s) through whom made:</p> <p>Name</p> <p>Name</p> <p>Name</p> <p>Name</p> <p>Name</p>

### 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.)

<p>13. Signed <u><i>Jupe Cruz</i></u> President (If other title, see instructions)</p> <p>Title <u>Other (Specify)</u></p> <p><b>CEO</b></p> <p>On <u>08/04/2010</u> <u>909-980-8736</u></p> <p style="text-align: center;">Date Telephone Number</p>	<p>14. Signed _____ Treasurer (If other title, see instructions)</p> <p>Title <u>Treasurer</u></p> <p>On _____</p> <p style="text-align: center;">Date Telephone Number</p>
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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.):

Paid Hourly, Expenses Reimbursed

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Provide information on employees and what they feel are the aspects of their employment situation that can be improved by holding small group meetings with employees to determine issues of concern or displeasure among the employees related to their particular facility, management, working conditions, and the employer generally.

11.b. Period during which performed:  
July 1 to present

11.c. Extent performed:  
On-going

11.d. Name and address through whom performed:

Name Bill Michaelis  
 Organization  
 P.O. Box, Bldg., Room No., if any  
 Street 6930 Parsons Trail  
 City Tujunga  
 State California ZIP Code + 4 91042

Additional Name and address through whom performed, if any:

Name Jose Agraz  
 Organization  
 P.O. Box, Bldg., Room No., if any  
 Street 511 W. California Avenue  
 City Vista  
 State California ZIP Code + 4 92084

12.a. Identify subject groups of employees:

All employees in the facility

12.b. Identify subject labor organizations: