

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.

433327

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, Ste 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 Sharon Z Ginchansky Organization Country Villa Health Services/Auburn Trade Name, if any P.O. Box, Bldg., Room No., if any Street 5120 West Goldleaf Circle, Ste 400 City Los Angeles State California ZIP Code + 4 90056	7. Date entered into: 6 / 25 / 2010 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></u> President (If other title, see instructions) Title <u>Other (Specify)</u> CEO On <u>08/04/2010</u> <u>909-980-8736</u> 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.):

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 14 to present	11.c. Extent performed: On-going
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<p>11.d. Name and address through whom performed:</p> <p>Name Bill Michaelis</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6930 Parsons Trail</p> <p>City Tujunga</p> <p>State California ZIP Code + 4 91042</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</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>
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<p>12.a. Identify subject groups of employees:</p> <p>All employees in the facility</p>	<p>12.b. Identify subject labor organizations:</p>
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