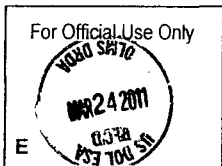


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

453253

1. File Number: C- 00483

| Person Filing | |
|--|---|
| <p>2. Name and mailing address (include ZIP Code):</p> <p>Name Lupe Cruz</p> <p>Title CEO</p> <p>Organization Cruz & Associates, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street P.O. Box 1831</p> <p>City Upland</p> <p>State California ZIP Code + 4 91785</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>Dec / 10</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 Jason Fox</p> <p>Organization Healthcare Srvcs. Group Inc./Rehab</p> <p>Trade Name, if any</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5199 E. Pacific Coast Hwy., Ste 402</p> <p>City Long Beach</p> <p>State California ZIP Code + 4 90804</p> | <p>7. Date entered into: 6 / 21 / 2010</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>[Signature]</u> President (if other title, see instructions)</p> <p>Title <u>Other (Specify)</u></p> <p>CEO</p> <p>On <u>3/16/10</u> Date <u>909 980 8736</u> Telephone Number</p> | <p>14. Signed _____ Treasurer (If other title, see instructions)</p> <p>Title <u>Treasurer</u></p> <p>On _____ 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.):

Hold meetings with employees to inform them of 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 Jose Agraz
 Organization
 P.O. Box, Bldg., Room No., if any
 Street 511 W. California Avenue
 City Vista
 State California ZIP Code + 4 92084

Additional Name and address through whom performed, if any:

Name Edward Echanique
 Organization
 P.O. Box, Bldg., Room No., if any
 Street 155 Bay Laurel Drive
 City Mooresville
 State North Carolina ZIP Code + 4 28115

12.a. Identify subject groups of employees:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

SEIU 6434

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 meetings with employees to inform them of 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 |
|--|---|

| | |
|---|---|
| <p>11.d. Name and address through whom performed:</p> <p>Name Nekeya Nunn-Stephens</p> <p>Organization The Labor Pros</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 501 N. Orlando Avenue, Ste 346</p> <p>City Winter Park</p> <p>State Florida ZIP Code + 4 32789</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: Employees in potential bargaining unit</p> | <p>12.b. Identify subject labor organizations: SEIU 6434</p> |
|---|--|