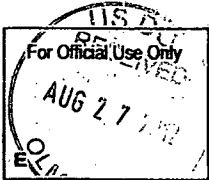


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

502964

1. File Number: C- 00483

Person Filing	
2. Name and mailing address (include ZIP Code): Name Lupe Cruz Title CBO Organization Cruz & Associates P.O. Box, Bldg., Room No., if any 1831 Street City Upland State California ZIP Code + 4 91785	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 / 31	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 Mij Seiser Organization SalonCentric Trade Name, if any P.O. Box, Bldg., Room No., if any Street 28145 W Harrison Pkwy City Valencia State California ZIP Code + 4 91355	7. Date entered into: 7 / 23 / 2012 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 Title Other (Specify) CEO On 8/17/2012 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.):

Hourly rate plus reimbursed expenses

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 to inform them of their Section (7) rights and to answers queastions pertaining to the union using union documents and NLRB documents for questions and answers

11.b. Period during which performed:
Ongoing

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Eduardo Padilla
 Organization EPC Consulting
 P.O. Box, Bldg., Room No., if any
 Street 3620 Lomacitas Lane
 City Bonita
 State California ZIP Code + 4 91902

Additional Name and address through whom performed, if any:

Name Juan Cruz
 Organization ReconnectLabor Relations
 P.O. Box, Bldg., Room No., if any
 Street 12831 Moreno Beach Dr
 City Rancho Belago
 State California ZIP Code + 4 92555

12.a. Identify subject groups of employees:

Employees in petitioned for unit

12.b. Identify subject labor organizations:

IAM

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.):

Hourly rate plus reimbursed expenses

Specific Activities to be Performed

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

a. Nature of activity:

Did research on IAM and discussed communication strategies with the employer.

<p>11.b. Period during which performed:</p> <p style="padding-left: 20px;">ongoing</p>	<p>11.c. Extent performed:</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Greg Passant</p> <p>Organization Cruz & Associates</p> <p>P.O. Box, Bldg., Room No., if any 1831</p> <p>Street</p> <p>City Upland</p> <p>State California ZIP Code + 4 91785</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>

<p>12.a. Identify subject groups of employees:</p> <p>employees in petitioned for unit</p>	<p>12.b. Identify subject labor organizations:</p> <p>IAM</p>
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