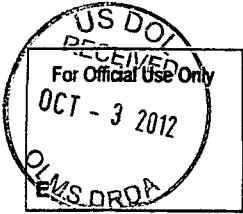


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

506057  
**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: C- 00483

### Person Filing

2. Name and mailing address (include ZIP Code):

Name

Title

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.  Individual b.  Partnership c.  Corporation d.  Other (Specify):

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Dawn Berry

Organization Pyramid Hospitality

Trade Name, if any

P.O. Box, Bldg., Room No., if any Suite 200

Street 7025 E Greenway Parkway

City Scottsdale

State Arizona

ZIP Code + 4 85254

7. Date entered into:

8 / 24 / 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

President  
(If other title, see  
instructions)

14. Signed

\_\_\_\_\_

Treasurer  
(If other title, see  
instructions)

Title Other (Specify)

CEO

Title Treasurer

On 8/24/2012

Date

909-9808736

Telephone Number

On

Date

Telephone Number

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:

Meet with employees to inform employees of their Section (7) rights and answer questions using NLRB documents for questions and answers.

<p>11.b. Period during which performed: ongoing</p>	<p>11.c. Extent performed: Held meetings</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Luis Camarena</p> <p>Organization LKLS Consulting</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1975 Alderbrook Ave</p> <p>City Chula Vista</p> <p>State California ZIP Code +4 91913</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Greg Passant</p> <p>Organization Cruz &amp; Associates</p> <p>P.O. Box, Bldg., Room No., if any 1831</p> <p>Street</p> <p>City Uplandc</p> <p>State California ZIP Code + 4 91785</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>UNITE HERE Local 450</p>
--	--