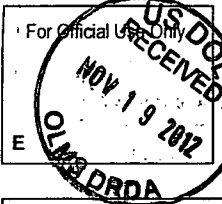


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

507377

1. File Number: C- 00483

Person Filing	
<p>2. Name and mailing address (include ZIP Code):</p> <p>Name _____</p> <p>Title _____</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>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 / 31</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 Shandon Hills</p> <p>Organization Sun Healthcare Group</p> <p>Trade Name, if any _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 4164 North 4th Ave</p> <p>City San Bernadino</p> <p>State California ZIP Code + 4 92407</p>	<p>7. Date entered into: 10 / 15 / 2012</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></u> President (If other title, see instructions)</p> <p>Title Other (Specify) _____</p> <p>On 10/27/2012 909-980-8736 Date Telephone Number</p>	<p>14. Signed _____ Treasurer (If other title, see instructions)</p> <p>Title Treasurer _____</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.):

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 answer questions pertaining to the union using union documents and NLRB Documents for questions and answers.

<p>11.b. Period during which performed:</p> <p>Ongoing</p>	<p>11.c. Extent performed:</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 Pl.</p> <p>City Clula Vista</p> <p>State California ZIP Code + 4 91913</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>All Employees</p>	<p>12.b. Identify subject labor organizations:</p> <p>Seiu ULTCW</p>
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