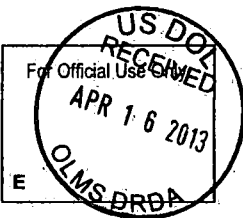


FORM LM-20

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.

526599

1. File Number: C- 00483

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Luz Cruz</u> Title <u>CEO</u> Organization <u>Cruz & Associates</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 1831</u> Street _____ City <u>Upland</u> State <u>California</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>91785</u>	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 _____ <input checked="" type="checkbox"/> ZIP Code + 4 _____
4. Date fiscal year ends: Dec <input checked="" type="checkbox"/> / 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 <u>Gardner Lance</u> Organization <u>Jeld-Wen, Fiber Iowa</u> Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street <u>250 East 8th St.</u> City <u>Dubuque</u> State <u>Iowa</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>00005-2001</u>	7. Date entered into: <u>3 / 6 / 2013</u> 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>[Signature]</u> President (If other title, see instructions) Title <u>Other (Specify) <input checked="" type="checkbox"/></u> <u>CEO</u>	14. Signed _____ Treasurer (If other title, see instructions) Title <u>d <input checked="" type="checkbox"/></u>
On <u>4/2/2013</u> <u>909-980-8736</u> Date Telephone Number	On _____ _____ Date Telephone Number

Filer: Cruz & Associates	File Number-C- 00483
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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:
To inform employees of their section 7 rights and answer questions regarding collective bargaining.

11.b. Period during which performed: Ongoing	11.c. Extent performed:
11.d. Name and address through whom performed: Name Edward Echanique Organization P.O. Box, Bldg., Room No., if any Street 155 Bay Laurel Dr. City Mooresville State North Carolina <input checked="" type="checkbox"/> ZIP Code +4 28115	Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City State <input checked="" type="checkbox"/> ZIP Code +4
12.a. Identify subject groups of employees: Production Workers	12.b. Identify subject labor organizations: IAM