

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	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity: To inform employees of their section 7 rights and answer questions regarding collective bargaining.</p>	
<p>11.b. Period during which performed: Ongoing</p>	<p>11.c. Extent performed:</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Bill Michaelis</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6930 Parsons Trail</p> <p>City Tujunga</p> <p>State California <input checked="" type="checkbox"/> ZIP Code + 4 91042</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Edward Echanique</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 155 Bay Laurel</p> <p>City Mooresville</p> <p>State North Carolina <input checked="" type="checkbox"/> ZIP Code + 4 28115</p>
<p>12.a. Identify subject groups of employees: Production workers</p>	<p>12.b. Identify subject labor organizations: IAM</p>

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11.d. Name and address through whom performed: Name Juan Cruz Organization Reconnect Labor Relations P.O. Box, Bldg., Room No., if any Street 12831 Moreno Beach Dr. City Rancho Belago State California <input checked="" type="checkbox"/> ZIP Code +4 92555	Additional Name and address through whom performed, if any: Name Dana Tran Organization Dana Tran Consulting P.O. Box, Bldg., Room No., if any Street 6575 Alyssa Dr. City San Jose State California <input checked="" type="checkbox"/> ZIP Code +4 95138
12.a. Identify subject groups of employees: Production workers	12.b. Identify subject labor organizations: IAM