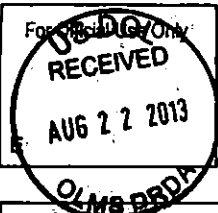


# FORM LM-20

## 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.

533455

1. File Number: C- 00483

<b>Person Filing</b>	
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. <input type="checkbox"/> Individual    b. <input type="checkbox"/> Partnership    c. <input checked="" type="checkbox"/> Corporation    d. <input type="checkbox"/> Other (Specify): _____

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code): Name John Padama Organization Kit Karson Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street 811 Court St City Jackson State California ZIP Code + 4 95642	7. Date entered into: 7 / 15 / 2013 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><i>Jose Cruz</i></u> President Title Other (Specify) _____ CEO On 8/15/2013 909-980-8736 Date Telephone Number	14. Signed _____ Treasurer 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.):

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 any questions regarding collective bargaining.

11.b. Period during which performed:

7/15/2013

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Terren Becker  
 Organization The American Consulting Group, Inc.  
 P.O. Box, Bldg., Room No., if any  
 Street 23361 Madero, Suite 220  
 City Mission Viejo  
 State California ZIP Code +4 92691

Additional Name and address through whom performed, if any:

Name Bill Michaelis  
 Organization  
 P.O. Box, Bldg., Room No., if any  
 Street 6930 Parsons Trail  
 City Tunjunja  
 State California ZIP Code +4 95138

12.a. Identify subject groups of employees:

CNA's

12.b. Identify subject labor organizations:

United Healthcare West SEIU