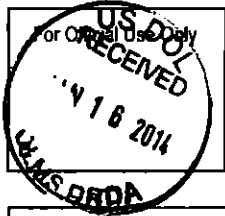


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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. 438 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.

539690

1. File Number: C- 00483

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code):  Name _____ Title _____ Organization Cruz & Associates, Inc. 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 _____ Organization US Foods Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street 4650 West Buckeye Rd City Pheonix State Arizona ZIP Code + 4 85043	7. Date entered into: 12 / 8 / 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>[Signature]</i></u> President (If other title, see instructions) Title <u>Other (Specify)</u> CEO On <u>01/08/2014</u> <u>909-980-8736</u> Date Telephone Number	14. Signed _____ Treasurer (If other title, see instructions) Title <u>Treasurer</u> On _____ Date Telephone Number
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Filer: Cruz & Associates, Inc.

File Number C- 00483

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 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 and inform them of their section (7) rights and answer questions.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

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 ZIP Code + 4 77429

Additional Name and address through whom performed, if any:

Name  
Organization  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

12.a. Identify subject groups of employees:

Warehouse employees

12.b. Identify subject labor organizations:

Teamsters Local 104