

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.):

Bill hourly and charge expenses

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Inform employees about the NLRB process.

<p>11.b. Period during which performed:</p> <p>June 20, 2014</p>	<p>11.c. Extent performed:</p> <p>ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Lupe Cruz</p> <p>Organization Cruz & Associates, Inc</p> <p>P.O. Box, Bldg., Room No., if any PO Box 1831</p> <p>Street</p> <p>City Upland</p> <p>State California ZIP Code + 4 91785</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Eduardo Padilla</p> <p>Organization EPC Consulting</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3620 Lomacitas Ln</p> <p>City Bonita</p> <p>State California ZIP Code + 4 91902</p>

<p>12.a. Identify subject groups of employees:</p> <p>Production Workers</p>	<p>12.b. Identify subject labor organizations:</p> <p>USW</p>
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Specific Activities to be Performed (Continuation Page)

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Inform employees about the NLRB process.

11.b. Period during which performed: June 20, 2014	11.c. Extent performed: ongoing
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11.d. Name and address through whom performed: Name Ruth Jenkins Organization P.O. Box, Bldg., Room No., if any Fountain Valley Street 16020 Elbert Circle City State California ZIP Code + 4 92708	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
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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	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
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12.a. Identify subject groups of employees: Hotel Workers	12.b. Identify subject labor organizations: Teamsters
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