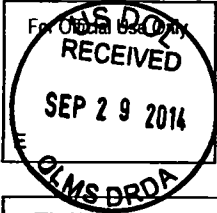


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

572530

1. File Number: C- 00483

Person Filing	
<p>2. Name and mailing address (include ZIP Code):</p> <p>Name _____</p> <p>Title _____</p> <p>Organization Cruz &amp; Associates, Inc.</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 1831</p> <p>Street _____</p> <p>City Upland</p> <p>State California ZIP Code + 4 91785</p>	<p>3. Any other address where records necessary to verify this report are kept:</p> <p>Name _____</p> <p>Title _____</p> <p>Organization _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>
<p>4. Date fiscal year ends:</p> <p>Dec / 31</p>	<p>5. Type of person:</p> <p>a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): _____</p>

Nature of Agreement or Arrangement	
<p>6. Full name and address of employer with whom made (include ZIP Code):</p> <p>Name Lance Sikes</p> <p>Organization Huhtamaki - Hopkinsville</p> <p>Trade Name, if any _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 203 Commerce Court</p> <p>City Hopkinsville</p> <p>State Kentucky ZIP Code + 4 42240</p>	<p>7. Date entered into: 7 / 28 / 2014</p> <p>8. Name of person(s) through whom made:</p> <p>Name _____</p> <p>Name _____</p> <p>Name _____</p> <p>Name _____</p> <p>Name _____</p>

**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.)

<p>13. Signed <u><i>[Signature]</i></u> President (If other title, see instructions)</p> <p>Title Other (Specify) _____</p> <p>CEO</p> <p>On <u>9-20-14</u> <sup>909</sup> <u>980-873 6</u></p> <p style="text-align: center;">Date Telephone Number</p>	<p>14. Signed _____ Treasurer (If other title, see instructions)</p> <p>Title Treasurer _____</p> <p>On _____</p> <p style="text-align: center;">Date Telephone Number</p>
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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 using NLRB and Union documents.

11.b. Period during which performed:

July 28, 2014

11.c. Extent performed:

On going

11.d. Name and address through whom performed:

Name Greg Passant  
 Organization Cruz & Associates, Inc.  
 P.O. Box, Bldg., Room No., if any P.O. Box 1831  
 Street  
 City Upland  
 State California ZIP Code +4 91785

Additional Name and address through whom performed, if any:

Name Erick Cruz  
 Organization Cruz & Associates, Inc.  
 P.O. Box, Bldg., Room No., if any P.O. Box 1831  
 Street  
 City Upland  
 State California ZIP Code +4 91785

12.a. Identify subject groups of employees:

Production workers

12.b. Identify subject labor organizations:

USW

Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p style="padding-left: 20px;">To inform employees of their Section 7 rights and answer questions using NLRB and Union documents.</p>	
<p>11.b. Period during which performed:</p> <p style="padding-left: 20px;">July 28, 2014</p>	<p>11.c. Extent performed:</p> <p style="padding-left: 20px;">On going</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Richard Waters</p> <p>Organization Goldrush Services</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 152</p> <p>Street</p> <p>City Mountain Center</p> <p>State California ZIP Code + 4 92561</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p style="padding-left: 20px;">Production workers</p>	<p>12.b. Identify subject labor organizations:</p> <p style="padding-left: 20px;">USW</p>