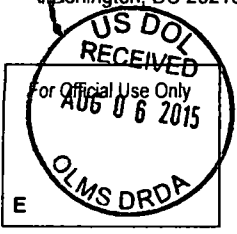


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

596273

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.

1. File Number: C- 00483

Person Filing

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. Individual b. Partnership c. Corporation d. Other (Specify): []

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):
Name: Michael Stanton
Organization: Arden Post Acute Rehab
Trade Name, if any: []
P.O. Box, Bldg., Room No., if any: []
Street: 3400 Alta Arden Express Way
City: Sacramento
State: California ZIP Code + 4: 95825

7. Date entered into: 6 / 30 / 2015

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: Jose Cruz President (If other title, see instructions)
Title: President
On: 07/29/2015 909-980-8736
Date Telephone Number

14. Signed: _____ Treasurer (If other title, see instructions)
Title: Treasurer
On: _____
Date Telephone Number

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:

Held employee meetings to inform employees of thier section 7 rights and answer questions using NLRB documents.

<p>11.b. Period during which performed:</p> <p>Ongoing</p>	<p>11.c. Extent performed:</p> <p></p>
<p>11.d. Name and address through whom performed:</p> <p>Name Juan Cruz</p> <p>Organization Reconnect Consulting</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 12831 Moreno Beach Dr.</p> <p>City Rancho Belago</p> <p>State California ZIP Code + 4 97429</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Wildine Pierre</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4101 Pine Hills Cir</p> <p>City Orlando</p> <p>State Florida ZIP Code + 4 32808</p>

<p>12.a. Identify subject groups of employees:</p> <p>CNA's, kitchen and housing keeping.</p>	<p>12.b. Identify subject labor organizations:</p> <p>SEIU LTCWU 6434</p>
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