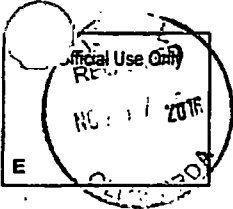


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

649268

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 & Associates</p> <p>P.O. Box, Bldg., Room No., if any 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>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 Oscar Garcia</p> <p>Organization Norcal Beverage</p> <p>Trade Name, if any _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 1226 N Olive St</p> <p>City Anaheim</p> <p>State California ZIP Code + 4 92801</p>	<p>7. Date entered into: 06 / 13 / 2016</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 _____</p> <p style="text-align: center;">President (If other title, see instructions)</p> <p>Title <u>Other (Specify)</u> Secretary</p> <p>On _____ Date 909-980-8736 Telephone Number</p>	<p>14. Signed _____</p> <p style="text-align: center;">Treasurer (If other title, see instructions)</p> <p>Title <u>Treasurer</u></p> <p>On _____ 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:

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 rates plus reimbursed 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 their section 7 rights and answer questions using the NLRB documents

<p>11.b. Period during which performed:</p> <p>Ongoing</p>	<p>11.c. Extent performed:</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Greg Passant</p> <p>Organization Cruz & Associates</p> <p>P.O. Box, Bldg., Room No., if any 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 Juan Cruz</p> <p>Organization Reconnect Consulting</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 29450 highland blvd</p> <p>City Moreno Valley</p> <p>State California ZIP Code +4 92555</p>

<p>12.a. Identify subject groups of employees:</p> <p>IAMAW, District Lodge W24</p>	<p>12.b. Identify subject labor organizations:</p> <p>Medical staff</p>
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Specific Activities to be Performed (Continuation Page)

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

10. Nature of activity:
 Held employee meetings to inform employees of their section 7 rights and answer questions using the NLRB documents

11.b. Period during which performed: Ongoing	11.c. Extent performed:
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11.d. Name and address through whom performed: Name Jose Palacios Organization Trident Labor Solutions P.O. Box, Bldg., Room No., if any Street 5655 Vineland Ave City North Hollywood State California ZIP Code + 4 91601	Additional Name and address through whom performed, if any: Name Luis Camarena Organization LKLS Consutling P.O. Box, Bldg., Room No., if any Street 1975 Alderbrooke Consulting City Chula Vista State California ZIP Code + 4 91913
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Additional Name and address through whom performed, if any: Name Ignacio Fresan Organization LKLS Consulting P.O. Box, Bldg., Room No., if any Street 1975 Alderbrooke Ave City Chula Vista State California ZIP Code + 4 91913	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: IAMAW, District Lodge W24	12.b. Identify subject labor organizations: Medical staff
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