

# 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)

649270

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: C- 00483

Person Filing	
<p>2. Name and mailing address (include ZIP Code):</p> <p>Name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Title <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></p> <p>Organization <span style="border: 1px solid black; padding: 2px;">Cruz &amp; Associates</span></p> <p>P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;">1831</span></p> <p>Street <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></p> <p>City <span style="border: 1px solid black; padding: 2px;">Upland</span></p> <p>State <span style="border: 1px solid black; padding: 2px;">California</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;">91785</span></p>	<p>3. Any other address where records necessary to verify this report are kept:</p> <p>Name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Title <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></p> <p>Organization <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></p> <p>P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></p> <p>Street <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></p> <p>City <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></p> <p>State <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span> ZIP Code + 4 <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></p>
<p>4. Date fiscal year ends:</p> <p><span style="border: 1px solid black; padding: 2px;">Dec</span> / <span style="border: 1px solid black; padding: 2px;">31</span></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): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>

Nature of Agreement or Arrangement	
<p>6. Full name and address of employer with whom made (include ZIP Code):</p> <p>Name <span style="border: 1px solid black; padding: 2px;">Nic</span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; padding: 2px;">Seymour</span></p> <p>Organization <span style="border: 1px solid black; padding: 2px;">Orchid Orthopedic</span></p> <p>Trade Name, if any <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></p> <p>P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></p> <p>Street <span style="border: 1px solid black; padding: 2px;">13983 Fir Street</span></p> <p>City <span style="border: 1px solid black; padding: 2px;">Oregon City</span></p> <p>State <span style="border: 1px solid black; padding: 2px;">Oregon</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;">97045</span></p>	<p>7. Date entered into: <span style="border: 1px solid black; padding: 2px;">4</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2016</span></p> <p>8. Name of person(s) through whom made:</p> <p>Name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></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 <span style="border: 1px solid black; padding: 2px;">President</span></p> <p>On <span style="border: 1px solid black; padding: 2px;">11-30-16</span> <span style="border: 1px solid black; padding: 2px;">909-980-8736</span> Date Telephone Number</p>	<p>14. Signed _____ Treasurer (if other title, see instructions)</p> <p>Title <span style="border: 1px solid black; padding: 2px;">Treasurer</span></p> <p>On <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> Date Telephone Number</p>
---	---

82

Filer:	File Number C-
--------	----------------

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:

Met with employees concerning their section 7 rights and answered questions using NLRB documents

11.b. Period during which performed:

Ongoing

11.c. Extant performed:

Ongoing

11.d. Name and address through whom performed:

Name  Greg  Passant

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  Rich  Waters

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

12.a. Identify subject groups of employees:

Petitioned for employee group

12.b. Identify subject labor organizations:

IAM District lodge 725