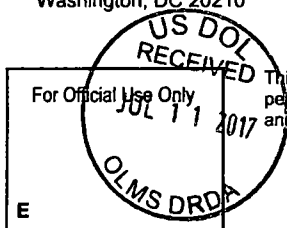


FORM LM-20

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.

652754

1. File Number: C-

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

| | |
|---|--|
| Nature of Agreement or Arrangement | |
| 6. Full name and address of employer with whom made (include ZIP Code): Name <input type="text" value="Ken"/> <input type="text" value="Moyle"/> Organization <input type="text" value="Porterville Convalescent Hospital"/> Trade Name, if any <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1100 W. Morton Ave"/> City <input type="text" value="Porterville"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="93257"/> | 7. Date entered into: <input type="text" value="2"/> / <input type="text" value="6"/> / <input type="text" value="2017"/> 8. Name of person(s) through whom made: Name <input type="text" value="N/A"/> <input type="text"/> Name <input type="text"/> <input type="text"/> Name <input type="text"/> <input type="text"/> Name <input type="text"/> <input type="text"/> Name <input type="text"/> <input type="text"/> |

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 <u><i>Supa Cruz</i></u> Title <input type="text" value="President"/> On <input type="text" value="06/21/2017"/> <input type="text" value="909-980-8736"/> <p style="text-align: center; font-size: 8pt;">Date Telephone Number</p> | 14. Signed _____ Title <input type="text" value="Other (Specify)"/> <input type="text" value="NA"/> On <input type="text"/> <input type="text"/> <p style="text-align: center; font-size: 8pt;">Date Telephone Number</p> |
|---|---|

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 their Section 7 rights and answer question using the NLRB documents.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

NA

11.d. Name and address through whom performed:

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

12.a. Identify subject groups of employees:

CNA

12.b. Identify subject labor organizations:

SEIU