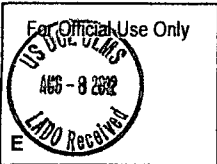


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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)

502981
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00715

Person Filing

2. Name and mailing address (include ZIP Code):

Name Luis Camarena

Title Consultant

Organization LKLS Consulting

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

Street 1975 Alderbrook Pl

City Chula Vista

State California ZIP Code + 4 91913

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 / 10

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 Hanita Hofman

Organization Windsor Redding Care Center/Redding, CA

Trade Name, if any

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

Street 9000 Sunset Boulevard, Ste 900

City West Hollywood

State California ZIP Code + 4 90069

7. Date entered into:

11 / 15 / 2010

8. Name of person(s) through whom made:

Name

Name

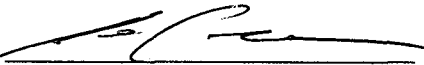
Name

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  President
(If other title, see instructions)

Title Sole Proprietor

14. Signed  Treasurer
(If other title, see instructions)

Title Treasurer

On 03/25/2011 619-869-1910

Date

Telephone Number

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.):

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:

Held meetings to inform them of their section (7) rights and to answer questions pertaining to the union using NLRB documents and union documents for questions and answers

11.b. Period during which performed:

On-going

11.c. Extent performed:

Held meetings with employees

11.d. Name and address through whom performed:

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

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:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

SEIU United Healthcare Workers West