

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

For Official Use Only

APR - 62010

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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. Е 1. File Number: CCC433 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Live L'aux Name Title CFD Title Organization CVZ & Associates, Inc. Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any street 10201 Trademark Street Ste C Street City ZIP Code + 4 (1730) State () ZIP Code + 4 State 4. Date fiscal year ends: 5. Type of person: Krembir / 2010 Partnership c. X Corporation d. Other (Specify): Individual b. Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 01 / 25 /2010 8. Name of person(s) through whom made: Organization (Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any rine Avenue, Ste. 210 Name Name ZIP Code + 4 90707 State 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 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Treasurer Title Title

On

Date

Telephone Number

Filer Lipe Cruz of Associates Inc	File Number C-00483
9. Check the appropriate box to indicate whether an object of the activities ur	ndertaken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	e employees as to the manner of exercising, the right to organize and bargain
<u> </u>	
such employer, except information for use solely in conjunction with	employees or a labor organization in connection with a labor dispute involvi th an administrative or arbitral proceeding or a criminal or civil judicial procee
10. Terms and conditions (Explain in detail; see instructions. Written agreeme	
Held employee meetings to inform their ser pertaining to the union using NERB docum	chan (1) rights and to grower awishou
pertaining to the union wing NIDO L	to all more described for another land
andigo.	ELL OUG MUIOU ODOMINELLY FOR CHIRCHING OUG
of Dixes.	
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Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See inst	ructions):
a. Nature of activity:	
	(Å)
Held weething in small drougs to interin-	them on unince
Held meetings in small groups to inform-	Them on union
Held weethers in zwill deorbe to interin-	Them so union
Held whether's in zwill deorbe to interin-	Them on union
11.b Period during which performed:	11.c. Extent performed:
	11,c. Extent performed: Held meetings with employees
11.b. Period during which performed: CGING 11.d. Name and addless through whom performed:	11,c. Extent performed: Held meetings with employed Additional Name and address through whom performed, if any:
11.b. Period during which performed: CONG 11.d. Name and addless through whom performed: Name Name	11.c. Extent performed: Held michais with employed Additional Name and address through whom performed, if any: Name Will Christeria
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