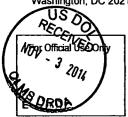
■ S. Department of Labor Office of Labor-Management Standards
Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

	572 887			
1. File Number: C- 66020	3 120 0 0 1			
Person Filing				
2. Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:		
Name EVELYN D FRAGOSO		Name		
TitlePRESIDENT		Title		
Organization QUALITY LABOR SOLUTIONS INC.		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 2700 COURTLEIGH DR		Street		
City BAKERSFIELD		City		
State California	ZIP Code + 4 93309	State ZIP Code -	+ <b>4</b>	
4. Date fiscal year ends:	5. Type of person:			
Dec / 14	a. Individual b. Partnership	c. Corporation d. Other (Specify):		
Nature of Agreement or Arrangemen	t			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 8 / 20 / 2014		
Name JANELL HEESCH		8. Name of person(s) through whom made:		
Organization GOLDN' PLUMP COMPANY				
Trade Name, if any		Name		
P.O. Box, Bldg., Room No., if any		Name		
Street 851 SAUK RIVER RD.		Name		
City COLD SPRINGS		Name		
State Minnesota	ZIP Code + 4 56320	Name .		
Signatures				
Each of the undersigned declares, thick the information contained in any accommune, correct, and complete. See Section	er penalty of perjury and other applicable panying documents) has been examined on VII on penalties in the instructions.)	penalties of law, that all of the information submitted in t I by the signatory and is, to the best of the undersigned's	nis report (including knowledge and belief,	
13. Signed	President	14. Signed	Treasurer	
Title President	(If other title, see instructions)	Title Treasurer	(If other title, see instructions)	
	<del></del>	. 100	_	
On 66	1-735-5211	On ·		
<del></del>				

Date

Date

Telephone Number

Telephone Number

<del></del>					
Filer: EVELYN FRAGOSO QUALITY LABOR SOLUTIONS INC.		File Number C-			
9. Check the appropriate box to indicate whether an object of the activities under					
s. Check the appropriate box to indicate whether an object of the activities three	taken, is directly of 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.):					
Specific Activities to be Performed					
<ol> <li>For each activity, separately list in detail the information required (See instructions):</li> <li>a. Nature of activity:</li> </ol>					
,					
11.b. Period during which performed:	11.c. Extent performed:				
VARIOUS DAYS BEGINNING 8/20/2014					
11.d. Name and address through whom performed:	Additional Name and address	s through whom performed, if any:			
Name	Name				
Organization	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No.,	if any			
Street	Street				
City	City				
State ZIP Code + 4	State	ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor (	organizations:			
PRE PETIOTION					