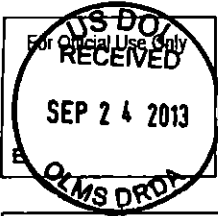


FORM LM-20

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.

535218

1. File Number: c-65644

Person Filing	
2. Name and mailing address (include ZIP Code): Name Javier Rivera Carbone Title President Organization Rivera Carbone, P.C. P.O. Box, Bldg., Room No., if any P.O. Box 339 Street City San Juan Capistrano State California ZIP Code + 4 92693	3. Any other address where records necessary to verify this report are kept: Name Javier Rivera Carbone Title President Organization Rivera Carbone, P.C. P.O. Box, Bldg., Room No., if any Suite A Street 30200 Rancho Viejo Road City San Juan Capistrano State California ZIP Code + 4 92675
4. Date fiscal year ends: Dec / 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):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name David Cho Organization Kiss Products, Inc. Trade Name, if any P.O. Box, Bldg., Room No., if any Street 57 Seaview Blvd City Port Washington State New York ZIP Code + 4 11050	7. Date entered into: 7 / 21 / 2013 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 <u>Javier Rivera Carbone</u> Title President	14. Signed <u>Javier Rivera Carbone</u> Title Treasurer
On 8/21/2013 (949) 487-6244 Date Telephone Number	On 08/21/2013 (949) 487-6244 Date Telephone Number

Filer: Javier Rivera Carbone Rivera Carbone, P.C.	File Number C-
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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.):

All services described in Section 11a below shall be performed on an hourly fee basis. Expenses in connection with the performance of such services as travel, accommodations, copies, long distance telephone calls, etc., will be reimbursed to Rivera Carbone, P.C. at actual cost.

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Rivera Carbone, P.C. has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during this period.</p>	
<p>11.b. Period during which performed:</p> <p>July 21-24, 2013</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name</p> <p>Organization Rivera Carbone, P.C.</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 339</p> <p>Street</p> <p>City San Juan Capistrano</p> <p>State California ZIP Code + 4 92693</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All part-time and full-time warehouse employees.</p>	<p>12.b. Identify subject labor organizations:</p> <p>Local 713, International Brotherhood of Trade Unions</p>