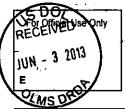
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003-Expires 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 28 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)

JUN - 3 2013	1		•		· -	
E	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.					
CIMS DRO	529 753	ı				
1, File Number: C- 768						
1 - 0 × 1 × 1				·· .		
Person Filing						
2. Name and mailing address (include	ZIP Code):	3. Any other	address where re	cords necessary to verify thi	s report are kept:	
Name EDUARDO	PADILLA	Name				
Title OWNER		Title				
Organization EPC CONSULTING		. Organizatio	1			
P.O. Box, Bldg., Room No., if any		P.O. Box, B	ldg., Room No., if	any		
Street 3620 LOMACITAS LN		Street				
City _BONITA		City .	-			
State California	ZIP Code + 4 91902	State		ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:	Note that the state of the stat	u. •			
/ 13	a. Individual b. Partnership			er (Specify):		
. <u>-</u>	<u> </u>				** ***	
Nature of Agreement or Arrangeme	ent and Top Top to the N	175 5 24		7.7	1	
6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into:				7/11/1	- 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Name Brett Calvin	_		person(s) through	3/11/20	9/3	
Organization JELD - WEN	Inc.					
Trade Name, if any		Name LUI	PE	CRUZ		
P.O. Box, Bldg., Room No., if any	21	Name				
Street 62845 Boyd Acres Rd		Name				
city Bend	·	Name				
State OR	ZIP Code + 4 97 708	Name				
Signatures						
the information contained in any acco	nder penalty of perjury and other applicable ompanying documents) has been examined ction VII on penalties in the instructions.)					
13. Signe	President	14. Signed			Treasurer	
Time Sole Proprietor	(If other title, see instructions)		Tronsuror		(If other title, see instructions)	
Title Sole FlopFletor		Title	Treasurer		·	
0. 5/20/2012	105101472	_				
On 5/28/2013 6	Telephone Number	On	Date	Telephone Numbe	<u></u>	

Filer EDUARDO PADILLA EPC CONSULTING	File Number C-				
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 reimbursed expenses					
	4				
Specific Activities to be Performed					
<ul><li>11. For each activity, separately list in detail the information required (See instructions):</li><li>a. Nature of activity:</li></ul>					
infrom employees of their reights under section (7) of the NLRA					
11.b. Period during which performed:	Late Francisco				
7.b. Period during which periormed: $2 - 11 - 2013$	11.c. Extent performed:				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name EDUARDO PADILLA	Name				
Organization EPC CONSULTING	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 3620 LOMACITAS LN	Street				
City BONITA	City				
State California ZIP Code + 4 91902	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				