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**AGREEMENT AND ACTIVITIES REPORT** 

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



Department of Labor Office of Labor-Management

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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 benalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.  574629  1. File Number: C-70]  Person Filing 2. Name and mailing address (include ZIP Code): Name David Acosta Title President/Treasurer Organization Redstone Enterprises, Inc Organization P.O. Box, Bldg., Room No., if any Street 5415 E. Willowick Circle City Anaheim State[California ZIP Code + 4 92807 State ZIP Code + 4  4. Date fiscal year ends: Dec / 31 Individual b Partnership c C Corporation d Other (Specify):  Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Organization Smart and Pinal Trade Name, if any P.O. Box, Bldg., Room No., if any Name Clare Cruz Name Clare Cruz Name	
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Organization Smart and Final  Trade Name, if any  8. Name of person(s) through whom made:  Name Clare Cruz	
Organization Strate and Final  Trade Name, if any  Name Clare Cruz	
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street 600 Citadel Dr. Name	
City Commerce Name	
State California ZIP Code + 4 90040 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 Not Ready To Sign  Not Ready To Sign	
13. Signed President (If other title, see Treasurer (If other title, see	
Title President instructions)  Title Treasurer instructions)	
David Acosta David Acosta	
Stamp  Delete On 12/22/14 714-306-2229 On 12/24/14	
Date Telephone Number Date Telephone Number	

	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.):  Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively according to the Guide to the Labor Relations Act of 1935.  Terms of billing are: \$1500/DAY.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a Nature of activity:  To provide consultation and to give speeches based on the Guide to the National Labor Relations Act to employees regarding their rights to organize and bargain collectively.		
11.b. Period during which performed: 7/24/14 to 8/9/14	11.c. Extent performed: ACTIVITY WAS COMPLETED	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization LRI		
Organization LKI	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 7850 ELM PLACE, SUITE E.	Street	
City BROKEN ARROW	City	
State Oklahoma ZIP Code + 4 74013	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Warehouse employees	Teamsters	
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