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FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

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



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. 1. File Number: **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Juan M Cruz Title Title CEO Organization Organization Reconnect Labor Relations Consultants P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 12831 Moreno Beach Dr. Suite 133 City City Moreno Valley ZIP Code + 4 State California ZIP Code + 4 92555 State 5. Type of person: 4. Date fiscal year ends: a. X Individual b. Dec Partnership c. Corporation Other (Specify): 31 Nature of Agreement or Arrangement 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): / 2012 Name Kevin Bowman 8. Name of person(s) through whom made: Organization Windsor Gardens Convalescent Center Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 3415 W.Ball Road City Anaheim Name State California ZIP Code + 4 92804 Name

Signatures								
the informa	ition contained in any	res, under penalty of perju y accompanying documen ee Section VII on penalties	ts) has been examine					
13. Signed Junn. Tory			President	14. Signed		Treasurer		
Title	Title Other (Specify)		(If other title, see instructions)	Title	Other (Specify)		(If other title, see instructions)	
	CEO							
On	4/28/2012	951-413-4402		On				
	Date	Telephone Numb	er		Date	Telephone Number		

Filer Juan Cruz Reconnect Labor Relations Consultar	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.):						
Hold employee meetings to inform them of their rights under section (7) of the NLRB guide and to answer questions pertaining to the union using NLRB documents for questions and answers.						
Specific Activities to be Performed						
11. For each activity, separately list in detail the information required (See instructions):						
a. Nature of activity:						
Held employee meetings in small groups to inform them about NLRA.						
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44 b. Daried during which we formed.	14 a Estant automodi					
11.b. Period during which performed: January 4, 2012	11.c. Extent performed: March 9, 2012					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name Juan M Cruz	Name					
Organization Reconnect Labor Relations Consultants	Organization					
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P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any					
Street 12831 Moreno Beach Drive suite 133	Street					
City Moreno Valley	City					
State California ZIP Code + 4 92555	State California ZIP Code + 4					
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:					
Employees in potential bargaining unit.	Service Employees International Union					