U.S. D∉partment 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. 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 John P. Cevallos Name Title MANaging Partner Title Organization Cluq 1105 Consulting Group LU. Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 8553 San Clemente DR. Street City RAncho Cucamonga City ZIP Code + 4 91730 State CA ZIP Code + 4 State 4. Date fiscal year ends: 5. Type of person: 12/31/2014 a. Individual b. Partnership c. Corporation d. Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 5 /30/14 DAVE Johnson Organization FHIPlant Services Inc 8. Name of person(s) through whom made: Name DAVE JOHNSON Trade Name, if any P.O. Box, Bidg., Room No., if any P.O. Box 773 Name Name Street city Fruiland Name

Name

ZIP Code + 4 87 416

Signatures			
	s) has been examine	e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions)	
On 7/3/14 760-270 Date Telephone Number		On 7/3/14 989-561-385-D Telephone Number	

200			
Filer . John Cevallos - Cevallos Consul	ting Group, File Number C-		
	LLC		
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 encollectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain		
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.):			
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Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instructions):			
a. Nature of activity:			
11.b. Period during which performed: 6/5-/14	11.c. Extent performed:		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Phil Wilson	Name		
Organization LRI	Organization		
P.O. Box, Bldg., Room No., if any P.O. Box 1529	P.O. Box, Bldg., Room No., if any		
Street 7850 South Elm Place	Street		
city Broken Arrow	City		
State 0 K ZIP Code + 4 74 013	State ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Heavy equipmen Toperators	Dogun ting		
Oilers mechanics	C per A 1 11		
Heavyequipmentoperators Oilers, mechanics CAborers	Operating Engineers		