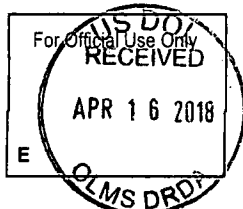


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 07-31-2019



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.

675266

1. File Number: C- 66020

### Person Filing

#### 2. Name and mailing address (include ZIP Code):

Name Evelyn D Fragoso  
Title Owner  
Organization Quality Labor Solutions  
P.O. Box, Bldg., Room No., if any  
Street 4859 West Slauson Ave #191  
City Los Angeles  
State California ZIP Code + 4 90056

#### 3. Any other address where records necessary to verify this report are kept:

Name  
Title  
Organization  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

#### 4. Date fiscal year ends:

Dec / 31

#### 5. Type of person:

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):

Name Andrew Johnson  
Organization Seal Beach Health Rehab  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 300 North Gate Rd  
City Seal Beach  
State California ZIP Code + 4 90740

#### 7. Date entered into:

9 / 10 / 2016

#### 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

Title President

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 10.11.16

Date

310.729.6773

Telephone Number

On 10.11.16

Date

310.729.6773

Telephone Number

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.):

No written Agreements. Educate employees on all aspects of unions so that they could make an informed decision on whether or not to support a union.

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Held meetings to inform employees on their section 7 rights and on all aspects of unions

11.b. Period during which performed:

9.10.2016

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Byron J Clay

Organization Reliant Labor Consultants

P.O. Box, Bldg., Room No., if any

Street 10108 Fehlberg Court

City Saint John

State Indiana ZIP Code + 4 46373

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

CNA, Dietary and maintenance

12.b. Identify subject labor organizations:

SEIU