

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.

561258

1. File Number: C- 106020

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: 2700 COURTLEIGH DR
City: BAKERSFIELD
State: California ZIP Code + 4: 93309

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:

Jan / 15

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: JESSE CORREIA
Organization: CARLISLE INTERCONNECT TECHNOLOGIES
Trade Name, if any: TRE-STAR ELECTRONICS INC
P.O. Box, Bldg., Room No., if any:
Street: 7911 SOUTH 118TH ST SUITE 100
City: KENT
State: Washington ZIP Code + 4: 90245

7. Date entered into:

4 / 25 / 14

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

8/28/14

Date

310.729.6773

Telephone Number

On

Date

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.):

TO EXERCISE OR NOT EXERCISE THE RIGHT TO ORGANIZE

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:

4/28/14

11.c. Extent performed:

11.d. Name and address through whom performed:

Name PHILLIP ☐ WILSON

Organization L.R.I

P.O. Box, Bldg., Room No., if any PO BOX 1529

Street 7850 SOUTH ELM PLACE

City BROKEN ARROW

State Oklahoma ☐ ZIP Code + 4 74013

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:

WAREHOUSE AND PRODUCTION EMPLOYEES

12.b. Identify subject labor organizations:

TEAMSTERS