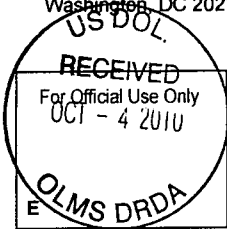


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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.

438415

1. File Number: C- 00676

Person Filing

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

Name Carlos Ortiz
Title President
Organization Solutions Labor Relations Consultants
P.O. Box, Bldg., Room No., if any
Street 7426 CHERRY AVENUE, SUITE # 210-106
City FONTANA
State California ZIP Code + 4 92336

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 Michael Brown
Organization Kaiser's Contract Cleaning Specialist
Trade Name, if any Vice-President, Technical Services
P.O. Box, Bldg., Room No., if any PO Box 340
Street
City Kieler
State Wisconsin ZIP Code + 4 53812

7. Date entered into:

8 / 24 / 2010

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 [Signature] President
(If other title, see instructions)
Title President

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 9/24/2010 909-910-5575
Date 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.):

Hold employee meetings to inform their section (7) rights and to answer questions pertaining to the union using NLRB documents and union documents for questions and answers. No written agreement was executed.

Specific Activities to be Performed

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

a. Nature of activity:

To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization

11.b. Period during which performed:

ON GOING

11.c. Extent performed:

HELD MEETINGS WITH EMPLOYEES

11.d. Name and address through whom performed:

Name Carlos Ortiz

Organization Solutions Labor Relations Consultants

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

Street 7426 CHERRY AVENUE, SUITE # 210-106

City Fontana

State California ZIP Code + 4 92336

Additional Name and address through whom performed, if any:

Name Johan Pena

Organization

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

Street 261 NW 57th Avenue

City Miami

State Florida ZIP Code + 4 33126

12.a. Identify subject groups of employees:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

UFCW Local 540

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.):

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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:

To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization

11.b. Period during which performed:

ON GOING

11.c. Extent performed:

HELD MEETINGS WITH EMPLOYEES

11.d. Name and address through whom performed:

Name Laura Garcia

Organization

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

Street 1626 E Main St

City Grand Prairie

State Texas ZIP Code + 4 75052

Additional Name and address through whom performed, if any:

Name Miguel A Casillas

Organization

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

Street 3321 Berkley Ave

City Los Angeles

State California ZIP Code + 4 90026

12.a. Identify subject groups of employees:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

UFCW Local 540