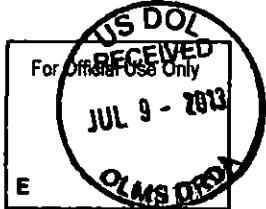


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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: c-681

531902

Person Filing

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

Name Juan Cruz
Title CEO
Organization Reconnect Labor Relations Consultants
P.O. Box, Bldg., Room No., if any
Street 28715 Mark Road
City Moreno Valley
State California ZIP Code + 4 92555

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 Bob Persson
Organization Borrmann Metal Center
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 110 West Olive Blvd
City Burbank
State California ZIP Code + 4 91502-1895

7. Date entered into:

6 / 03 / 2013

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 President
(If other title, see instructions)
Title Sole Proprietor

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

On 6/28/2013 951-413-4402
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.):

No written agreement.

Specific Activities to be Performed

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

a. Nature of activity:

To inform employees regarding: The Basic Guide to National Labor Relations Act, under section 7 that they have the right to choose if they want to be represented by a labor organization or not.

11.b. Period during which performed:

6/3/13

11.c. Extent performed:

6/28/2013

11.d. Name and address through whom performed:

Name Juan Cruz
 Organization Reconnect Labor Relations Consultants
 P.O. Box, Bldg., Room No., if any
 Street 28715 Mark Road
 City Moreno Valley
 State ZIP Code + 4 92555

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:

All full time employees

12.b. Identify subject labor organizations:

IBT Local 166
 18597 Valley Blvd
 Bloomington, Ca. 92316